

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 734417

1. Entity Name
**KINGS CREEK WEST CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**7965 SW 86TH STREET
UNIT 130
MIAMI, FL 33143**

Mailing Address
**7965 SW 86TH STREET
UNIT 130
MIAMI, FL 33143**



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1648815

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVID H. ROEL, ESQ
BECKER & POLIAKOFF P.A.
121 ALHAMBRA PLAZA, STE 1000, 10TH FL
CORAL GABLES, FL 33134**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALES, BARRY
STREET ADDRESS 7915 S.W. 86TH ST. #724
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME PARRADO, PEDRO
STREET ADDRESS 7995 SW 86 STREET #306
CITY-ST-ZIP MIAMI, FL 33143

TITLE D
NAME ENTWHISTLE, PAULA
STREET ADDRESS 7965 SW 86 STE#124
CITY-ST-ZIP MIAMI, FL 33143

TITLE SD
NAME BRIAND, MICHELLE
STREET ADDRESS 7995 SW 86 CT, #327
CITY-ST-ZIP MIAMI, FL 33143

TITLE T
NAME HEATHERINGTON, LLOYD
STREET ADDRESS 7905 SW 86 ST, #626
CITY-ST-ZIP MIAMI, FL 33143

TITLE VP
NAME KIRBY, THOMAS V
STREET ADDRESS 7945 SW 86TH ST., #626
CITY-ST-ZIP MIAMI, FL 33143

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01/30/07-80008-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY B WALES ^{1/26/07} **BARRY B WALES (305) 418-9277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #