

# ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90041 017 \*\*\*\*61.25

**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
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66007940

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE AND THAT I AM AN OFFICER OR DIRECTOR OF THE ABOVE NAMED ENTITY.

03042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-1648815		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

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				7. Name and Address of New Registered Agent Name: <u>Gary Mars (Hyman, Spector &amp; Mars)</u> Street Address (P.O. Box Number is Not Acceptable): <u>150 W Flagler St Suite 2701</u> City: <u>Miami</u> FL Zip Code: <u>33130</u>			
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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: April 16, 2008

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD WALES, BARRY	<input checked="" type="checkbox"/> Delete	TITLE	P Barry Zwibelman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7915 S.W. 86TH ST. #724		STREET ADDRESS	7965 SW 86 st #125	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL. 33143	
TITLE	D PARRADO, PEDRO	<input checked="" type="checkbox"/> Delete	TITLE	V Thomas Kunicki	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7995 SW 86 STREET #306		STREET ADDRESS	7915 SW 86 st # 731	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	Miami, FL. 33143	
TITLE	D ENTWHISTLE, PAULA	<input checked="" type="checkbox"/> Delete	TITLE	T Joyce D. Morris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7965 SW 86 STE#124		STREET ADDRESS	7350 SW 134 Terrace	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	Pinecrest, FL. 33156	
TITLE	SD BRIAND, MICHELLE	<input checked="" type="checkbox"/> Delete	TITLE	S Grace Judica	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7995 SW 86 CT, #327		STREET ADDRESS	7915 SW 86 st # 729	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	Miami, FL. 33143	
TITLE	T HEATHERINGTON, LLOYD	<input checked="" type="checkbox"/> Delete	TITLE	D William Hernandez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7905 SW 86 ST, #626		STREET ADDRESS	7995 SW 86 st # 302	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	Miami, FL. 33143	
TITLE	VP KIRBY, THOMAS V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7945 SW 86TH ST., #626		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		

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: Thomas Kunicki THOMAS KUNICKI 03/07/08 305-274-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #