


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 740751</b> 1. Entity Name ROCK CREEK, INC.	
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Principal Place of Business 11700 STONEBRIDGE PARKWAY COOPER CITY, FL 33026	Mailing Address 11700 STONEBRIDGE PARKWAY COOPER CITY, FL 33026
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**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2003983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NACHMAN, IRVIN W  
 4441 STIRLING ROAD  
 FT LAUDERDALE, FL 33314

**DO NOT WRITE 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, 2008**

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

10. OFFICERS AND DIRECTORS	
T NAME CANNER, WAYNE STREET ADDRESS 11745 BERRY DR DIVE CITY-ST-ZIP COOPER CITY, FL 33026	
S NAME NEUMANN, STAN STREET ADDRESS 31 CHESTNUT CIRCLE CITY-ST-ZIP COOPER CITY, FL 33026	
P NAME MASON, STEVEN STREET ADDRESS 11425 WAYNE DR CITY-ST-ZIP COOPER CITY, FL 33026	
D NAME PEKAREK, JAMES STREET ADDRESS 11725 KIMMIE DRIVE CITY-ST-ZIP COOPER CITY, FL 33026	
D NAME AVIDOR, AZRIEL STREET ADDRESS 28 FOREST CIRCLE CITY-ST-ZIP COOPER CITY, FL 33026	
VP NAME MINNAUGH, VICKI STREET ADDRESS 17805 NW 15TH ST. CITY-ST-ZIP PEMBROKE PINES, FL	

U00000853962  
 03/26/08-80090-017 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/08 Daytime Phone #: 954 431-6965

*Vicki Minnaugh*