

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90328 021 ****61.25

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DOCUMENT # 748829 1. Entity Name THE TOWNHOMES OF ROCK CREEK, INC., SECTION ONE					
Principal Place of Business 12323 SW 55 LANDMARK ST. 1002 FORT LAUDERDALE, FL 33330				Mailing Address 12323 SW 55 LANDMARK ST. 1002 FORT LAUDERDALE, FL 33330	
2. Principal Place of Business <i>Landmark Management</i> Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines, FL Zip 33028 - Country USA		3. Mailing Address <i>Landmark Management</i> Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines, FL Zip 33028 Country USA		02202006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2020649 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LANDMARK MANAGEMENT SERVICES INC 12323 SW 55 ST. SUITE 1002 FORT LAUDERDALE, FL 33330	
7. Name and Address of New Registered Agent Name <i>Landmark Management Service, Inc</i> Street Address (P.O. Box Number is Not Acceptable) 1941 NW 150 Ave City <i>Pembroke Pines</i> FL Zip Code <i>33028</i>				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 <i>[Signature]</i> DATE <i>4/3/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DEVILLA, DULCE 39 CHESTNUT CIRCLE COOPER CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUCEDO, BARBARA 37 CHESTNUT CIRCLE COOPER CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, FRANCINE 25 CHESTNUT CIRCLE COOPER CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, ERROL 42 CHESTNUT CIR. COOPER CITY, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAHAV, MURIEL 45 CHESTNUT CIRCLE COOPER CITY, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.					
SIGNATURE: <i>Barbara Saucedo</i> 04/04/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					