

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740751

**Entity Name:** ROCK CREEK, INC.**Current Principal Place of Business:**11700 STONEBRIDGE PARKWAY  
COOPER CITY, FL 33026**Current Mailing Address:**11700 STONEBRIDGE PARKWAY  
COOPER CITY, FL 33026**FEI Number:** 59-2003983**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NACHMAN, IRVIN W  
4441 STIRLING ROAD  
FT LAUDERDALE, FL 33314 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | TELLO, ALFONSO        |
| Address         | 3302 WEST ISLAND ROAD |
| City-State-Zip: | COOPER CITY FL 33026  |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | MASON, STEVEN        |
| Address         | 11425 WAYNE DR       |
| City-State-Zip: | COOPER CITY FL 33026 |

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | LEVINE, ROBERT       |
| Address         | 11703 SUNFISH WAY    |
| City-State-Zip: | COOPER CITY FL 33026 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | GARCIA, ROBERT       |
| Address         | 2800 EGRET WAY       |
| City-State-Zip: | COOPER CITY FL 33026 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | COHENOUR, MATTHEW    |
| Address         | 11567 N. OPEN CT     |
| City-State-Zip: | COOPER CITY FL 33026 |

|                 |                   |
|-----------------|-------------------|
| Title           | DIRECTOR          |
| Name            | MINNAUGH, VICKI   |
| Address         | 17905 NW 15TH ST. |
| City-State-Zip: | PEMBROKE PINES FL |

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | CHORON, RONALD       |
| Address         | 3360 DOCKSIDE DRIVE  |
| City-State-Zip: | COOPER CITY FL 33026 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN MASON**SECRETARY****02/21/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date