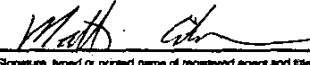
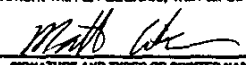


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90026 007 ****61.25

DOCUMENT # 737781 1. Entity Name ROCK CREEK OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 357175 GAINESVILLE, FL 32635-7175			Mailing Address P.O. BOX 357175 GAINESVILLE, FL 32635-7175 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50056344 	
City & State Zip Country		City & State Zip Country		07022005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1742325				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURR, DAVID 3741 NW 23 PL GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name Matthew A. Gitzendanner Street Address (P.O. Box Number is Not Acceptable) 3741 NW 23 PL 3746 NW 23rd Pl City Gainesville FL Zip Code 32605		
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  Treasurer 7/10/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHAPIRO, JEFFREY 3738 NW 23 PL GAINESVILLE, FL 32605 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JACOBSON, ELAINE & BARRY 2436 NW 37 TERRACE GAINESVILLE, FL 32605 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Barry Jacobson 2436 NW 37th Terrace 2436 NW 37th Terrace Gainesville FL 32605 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BURR, DAVID 3741 NW 23 PL BROOKSVILLE, FL 34605 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Elaine Jacobson ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILLIAMS, NANCY 2430 NW 38 STREET GAINESVILLE, FL 32605 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Matthew Gitzendanner 3746 NW 23rd Pl Gainesville FL 32605 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GITZENDANNER, RAE 3745 NW 23 PL GAINESVILLE, FL 32605 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Ramesh Buch 3626 NW 24th Pl. Gainesville FL 32605 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUPTA, VIRENDA 2716 NW 37 TERRACE GAINESVILLE, FL 32605 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Taylor 2710 NW 38th St Gainesville FL 32605 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GITZENDANNER, RAE 3745 NW 23 PL GAINESVILLE, FL 32605 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Janice Bullock 3636 NW 23rd Pl Gainesville FL 32605 ☒ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Matthew A. Gitzendanner 7/10/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

352-692-3519