

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

FILED
Feb 12, 2008 08:00 AM
Secretary of State

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



02102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

GITZENDANNER, MATTHEW A
3746 NORTHWEST 23RD PLACE
GAINESVILLE, FL 32605

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000925558
02/21/08-80014-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCH, RAMESH 3626 NW 24TH PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARD, EMERY 2510 NW 38TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GITZENDANNER, MATTHEW A 3746 NORTHWEST 23RD PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATRICIA, SCHMIDT 2515 NW 38TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JOHN 2710 NORTHWEST 38TH STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCH, KRISTEN 3026 NW 24TH PL GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

Matthew Gitzendanner 2/10/08 352-692-3519