

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740751** (3)

1. Corporation Name

ROCK CREEK, INC.

Principal Place of Business <b>11700 STONEBRIDGE PARKWAY COOPER CITY FL 33026</b>	Mailing Address <b>11700 STONEBRIDGE PARKWAY COOPER CITY FL 33026</b>
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3. Date Incorporated or Qualified

**11/10/1977**

4. FEI Number

**59-2003983**

Applied For

Not Applicable

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **ZINKIL, BILL**  
STREET ADDRESS **11903 FLICKER WAY**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE **P** ☒ DELETE

NAME **RICHMAN, PETER**  
STREET ADDRESS **11807 SUNFISH WAY**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE **VD** ☐ DELETE

NAME **MASON, STEVEN**  
STREET ADDRESS **11270 SUN VIEW WAY**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE **T** ☐ DELETE

NAME **PEKAREK, JAMES**  
STREET ADDRESS **11725 KIMMIE DRIVE**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE **D** ☐ DELETE

NAME **LOWENTHAL, LARRY**  
STREET ADDRESS **11565 NO QUAYSIDE DRIVE**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE **D** ☐ DELETE

NAME **MINNAUGH, VICKI**  
STREET ADDRESS **17905 NW 15TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **WAYNE CANNER**  
1.3 STREET ADDRESS **11745 BERRY DRIVE**  
1.4 CITY-ST-ZIP **COOPER CITY FLA 33026**

2.1 TITLE **STAN NEUMAN** ☐ Change ☒ Addition

2.2 NAME **DIRECTOR**  
2.3 STREET ADDRESS **31 CHESTNUT CIRCLE**  
2.4 CITY-ST-ZIP **COOPER CITY FLA 33026**

3.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

3.2 NAME **MASON STEVEN**  
3.3 STREET ADDRESS **11270 SUN VIEW WAY**  
3.4 CITY-ST-ZIP **COOPER CITY FLA. 33026**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **V. P** ☒ Change ☐ Addition

5.2 NAME **LOWENTHAL LARRY**  
5.3 STREET ADDRESS **11565 N QUAYSIDE DRIVE**  
5.4 CITY-ST-ZIP **COOPER CITY FLA 33026**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2.18.98 954 435177

CR2E037 (10/97)