

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

0017634

**DOCUMENT # 740751**

1. Entity Name

**ROCK CREEK, INC.**

03-18-2002 90051 006 \*\*\*\*61.25

Principal Place of Business

11700 STONEBRIDGE PARKWAY  
 COOPER CITY FL 33026

Mailing Address

11700 STONEBRIDGE PARKWAY  
 COOPER CITY FL 33026

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2003983**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CANNER, WAYNE</b> <b>11745 BERRY DRIVE</b> <b>COOPER CITY FL 33026</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEUMANN, STAN</b> <b>31 CHESTNUT CIRCLE</b> <b>COOPER CITY FL 33026</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MASON, STEVEN</b> <b>11270 SUN VIEW WAY</b> <b>COOPER CITY FL 33026</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PEKAREK, JAMES</b> <b>11725 KIMMIE DRIVE</b> <b>COOPER CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALINOFF, DAVID</b> <b>12265 ROUNDELAY RD</b> <b>COOPER CITY FL 33026</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MINNAUGH, VICKI</b> <b>17905 NW 15TH ST.</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CANNER, WAYNE</b> <b>11745 BERRY DRIVE</b> <b>COOPER CITY, FL 33026</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEUMANN, STAN</b> <b>31 CHESTNUT CIRCLE</b> <b>COOPER CITY, FL 33026</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MASON, STEVEN</b> <b>11425 WAYNE DRIVE</b> <b>COOPER CITY, FL 33026</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEKAREK, JAMES</b> <b>11725 KIMMIE DRIVE</b> <b>COOPER CITY, FL 33026</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RASHID, IBRAHIM</b> <b>4165 TREE TOPS ROAD</b> <b>COOPER CITY, FL 33026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MINNAUGH, VICKI</b> <b>17905 NW 15TH STREET</b> <b>PEMBROKE PINES, FL 33029</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

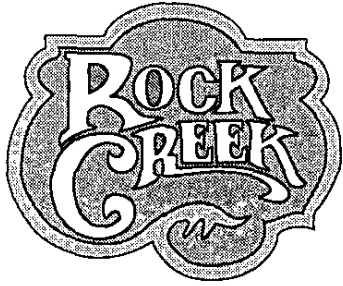
SIGNATURE:

SIGNATURE AND TITLE

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 (954) 435-1727

CR2E037 (9/01)



ATTACH DOC# 740751

The Rock Creek Homeowners' Association

339496

ATTACHMENT:

Item 12 OFFICERS AND DIRECTORS

Title: S  
Name: WILLS, JOCELYN  
Address: 2860 W. AVIARY DRIVE  
City-St-Zip: COOPER CITY, FL 33026