

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90014 023 \*\*\*\*61.25

**DOCUMENT # 740751**

1. Entity Name  
**ROCK CREEK, INC.**



Principal Place of Business  
**11700 STONEBRIDGE PARKWAY  
COOPER CITY, FL 33026**

Mailing Address  
**11700 STONEBRIDGE PARKWAY  
COOPER CITY, FL 33026**

J4007111



01062004 No Chg-NP

CR2E037 (10/03)

**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**

**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 \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

T  
NAME **CANNER, WAYNE**  
STREET ADDRESS **11745 BERRY DRIVE**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

S  
NAME **NEUMANN, STAN**  
STREET ADDRESS **31 CHESTNUT CIRCLE**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

P  
NAME **MASON, STEVEN**  
STREET ADDRESS **11270 SUN-VIEW-WAY**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

D  
NAME **PEKAREK, JAMES**  
STREET ADDRESS **11725 KIMMIE DRIVE**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

D  
NAME **AVIDOR, AZRIEL**  
STREET ADDRESS **26 FOREST CIRCLE**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

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

**DO NOT WRITE  
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

954-435-1727

Daytime Phone #

*Attachment*

*# 740751*

TITLE: D  
NAME: JOSEPH PATTERSON  
STREET ADDRESS: 11801 S. ISLAND ROAD  
CITY ST ZIP: COOPER CITY, FL 33026