

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102006 Chg-NP CR2E037 (11/05)	
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. 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 resigning) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CANNER, WAYNE 11745 BERRY DRIVE COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Scott Kleiman 2837 Poinclana Circle Cooper City, FL 33026	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S NEUMANN, STAN 31 CHESTNUT CIRCLE COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	UN00010447672 03/08/06-80065-021 61.25	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MASON, STEVEN 11270 SUN VIEW WAY COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PEKAREK, JAMES 11725 KIMMIE DRIVE COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D AVIDOR, AZRIEL 28 FOREST CIRCLE COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MINNAUGH, VICKI 17905 NW 15TH ST. PEMBROKE PINES, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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: <u>Stan Neumann</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					