


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90209 001 \*\*\*\*61.25

<b>DOCUMENT # 748829</b>					
<b>1. Entity Name</b> THE TOWNHOMES OF ROCK CREEK, INC., SECTION ONE					
<b>Principal Place of Business</b> LANDMARK MGMT. 1941 NW 150 AVE PEMBROKE PINES, FL 33028			<b>Mailing Address</b> LANDMARK MGMT. 1941 NW 150 AVE PEMBROKE PINES, FL 33028		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-2020649	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LANDMARK MANAGEMENT SERVICES INC 1941 NW 150 AVE PEMBROKE PINES, FL 33028			<b>7. Name and Address of New Registered Agent</b> Name <u>Straley &amp; Otto, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2699 Strickland Rd</u> <u>Suite C-207.</u> City <u>Pt. Lauderdale, FL</u> <b>FL</b> Zip Code <u>33312</u>		
<b>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.</b>					
SIGNATURE <u>Charles Otto, Esq.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE <u>4/11/07</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> DEVILLA, DULCE 39 CHESTNUT CIRCLE COOPER CITY, FL	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> SAUCEDO, BARBARA 37 CHESTNUT CIRCLE COOPER CITY, FL	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ANDERSON, FRANCINE 25 CHESTNUT CIRCLE COOPER CITY, FL	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> STEPHENSON, ERROL 42 CHESTNUT CIR. COOPER CITY, FL 33026	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LAHAV, MURIEL 45 CHESTNUT CIRCLE COOPER CITY, FL 33026	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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.</b>					
<b>SIGNATURE:</b> <u>Barbara Saucedo</u> <u>Barbara Saucedo</u> <u>4/23/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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