


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90065 029 ****61.25

DOCUMENT # N34506					
1. Entity Name EAST LANDING AT ROCK CREEK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5722 S. FLAMINGO RD PMB 134 COOPER CITY, FL 33330-3206 US			Mailing Address 5722 S. FLAMINGO RD PMB 134 COOPER CITY, FL 33330-3206 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0151205	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KILLINGSWORTH, CHARLES W 3605 STARBOARD AVE COOPER CITY, FL 33026			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 VP	NAME TORRES, JOSE	<input type="checkbox"/> Delete	TITLE Y	NAME Robin Cos	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11307 PORT ST	COOPER CITY, FL 33026		STREET ADDRESS 11309 Port Street	Cooper City, FL 33026	
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP	Cooper City, FL 33026	
TITLE PD	NAME KILLINGSWORTH, CHARLES	<input type="checkbox"/> Delete	TITLE D	NAME Mitchell Fingerhut	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3605 STARBOARD AVE	COOPER CITY, FL 33026		STREET ADDRESS 11312 Port Street	Cooper City, FL 33026	
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP	Cooper City, FL 33026	
TITLE SD	NAME HAMSRA, AMRITA	<input checked="" type="checkbox"/> Delete	TITLE S	NAME Fred Guzman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3607 STARBOARD AVE	HOLLYWOOD, FL 33026		STREET ADDRESS 3711 Starboard Ave	Cooper City, FL 33026	
CITY-ST-ZIP	HOLLYWOOD, FL 33026		CITY-ST-ZIP	Cooper City, FL 33026	
TITLE TD	NAME FINGERHUT, MITCHELL	<input type="checkbox"/> Delete	TITLE T	NAME Jose Torres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11312 PORT ST	COOPER CITY, FL 33026		STREET ADDRESS 11307 Port Street	Cooper City, FL 33026	
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP	Cooper City, FL 33026	
TITLE D	NAME GUZMAN, FRED	<input type="checkbox"/> Delete	TITLE D	NAME Adrian Hausraj	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3711 STARBOARD AVE	COOPER CITY, FL 33026		STREET ADDRESS 3607 Starboard Ave	Cooper City, FL 33026	
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP	Cooper City, FL 33026	
TITLE D	NAME HOCHMAN, JEFF	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11300 KNOT WAY	COOPER CITY, FL 33026		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP		
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: <i>Charles W. Killingsworth</i>			4/14/2008 954-587-4499		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
CHARLES W. KILLINGSWORTH					