**FILE NOW: FILING FEE AFTER MAY 1 IS [redacted]**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 APR -6 PM [illegible]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004681 (3)

1. Corporation Name

THE PARK AT ROCK CREEK OWNERS ASSOCIATION,INC

Principal Place of Business / Mailing Address

9040 Sunset Dr
Suite 15
Miami, FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 Miami Management Inc
Suite, Apt. #, etc.
22 1189 Sawgrass Corp. Pky
City & State
23 Sunrise, FL
Zip 24 33323 Country 25 Broward

2a. Mailing Address
26 Miami Management Inc
Suite, Apt. #, etc.
27 1189 Sawgrass Corp Pky
City & State
28 Sunrise, FL
Zip 29 33323 Country 30 Broward

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Robbins, Charles D.
Blackwell & Walker, PA
ONE SE Third Ave, Suite 2400
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Charles D. Robbins 3/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Carr, James | 12 NAME | |
| STREET ADDRESS | 9040 Sunsett Dr, Suite 15 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33173 | 14 CITY-ST-ZIP | |
| TITLE | VTSD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | Eisenacher, Harold L | 22 NAME | 500001452105 |
| STREET ADDRESS | 9040 Sunset Dr., Suite 15 | 23 STREET ADDRESS | -04/10/95--01044--013 |
| CITY-ST-ZIP | Miami, FL 33173 | 24 CITY ST ZIP | ****130.00 ****130.00 |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | Ibarria, Diana | 32 NAME | |
| STREET ADDRESS | 9040 Sunset Dr., Suite 15 | 33 STREET ADDRESS | |
| CITY ST ZIP | Miami, FL 33173 | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | TRW 4/6/95 |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

**SIGNATURE:** Harold L. Eisenacher 3/17/95 305-595-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Area Code & Phone #)