

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000004681 (3)**

1. Corporation Name

THE PARK AT ROCK CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**MIAMI MANAGEMENT INC
1189 SAWGRASS CORP PKY
SUNRISE FL 33323**

**MIAMI MANAGEMENT INC
1189 SAWGRASS CORP PKY
SUNRISE FL 33323**

3. Date Incorporated or Qualified
10/11/1993

3a. Date of Last Report
04/06/1995

4. FEI Number **65-0595704**
~~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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROBBINS, CHARLES D
BLACKWELL & WALKER, P.A.
ONE GE THIRD AVE, S-2400
MIAMI FL 33131~~

81 Name
Michael R. Emery

82 Street Address (P.O. Box Number is Not Acceptable)
c/o Stein, Rosenberg & Winikoff

83 **4875 N. Federal Highway, Seventh Floor**

84 City **Ft. Lauderdale, FL** 85 Zip Code **33308**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, and I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MICHAEL R. EMERY**

(Signature typed or printed name of registered agent and title, if applicable)

Michael R. Emery

(NOTE: Registered Agent signature required when...

4-9-96

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	CARR, JAMES	9040 SUNSET DR., S-15	MIAMI FL 33173	<input type="checkbox"/>
VTSD	EISENACHER, HAROLD L.	9040 SUNSET DR., S-15	MIAMI FL 33173	<input type="checkbox"/>
VD	BARRIA, DIANA	9040 SUNSET DR., S-15	MIAMI FL 33173	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ALL CHANGES TO OFFICERS AND DIRECTORS FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE D/P	<input type="checkbox"/>
12 NAME FISKE, BOB	<input type="checkbox"/>
13 STREET ADDRESS 4095 TREE TOPS ROAD	<input type="checkbox"/>
14 CITY - ST - ZIP COOPER CITY FL 33026	<input type="checkbox"/>
21 TITLE D/V	<input type="checkbox"/>
22 NAME TARRANT, DENISE	<input type="checkbox"/>
23 STREET ADDRESS 4060 FERN FOREST ROAD	<input type="checkbox"/>
24 CITY - ST - ZIP COOPER CITY FL 33026	<input type="checkbox"/>
31 TITLE D/T	<input type="checkbox"/>
32 NAME FROST, MICHAEL	<input type="checkbox"/>
33 STREET ADDRESS 4045 TREE TOPS ROAD	<input type="checkbox"/>
34 CITY - ST - ZIP COOPER CITY FL 33026	<input type="checkbox"/>
41 TITLE D/S	<input type="checkbox"/>
42 NAME MELLIES, JOY	<input type="checkbox"/>
43 STREET ADDRESS 4045 FERN FOREST ROAD	<input type="checkbox"/>
44 CITY - ST - ZIP COOPER CITY FL 33026	<input type="checkbox"/>
51 TITLE D	<input type="checkbox"/>
52 NAME ROSS, ALLAN	<input type="checkbox"/>
53 STREET ADDRESS 11225 SECRET WOODS DRIVE	<input type="checkbox"/>
54 CITY - ST - ZIP COOPER CITY FL 33026	<input type="checkbox"/>
61 TITLE	<input type="checkbox"/>
62 NAME	<input type="checkbox"/>
63 STREET ADDRESS	<input type="checkbox"/>
64 CITY - ST - ZIP	<input type="checkbox"/>

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)(k), 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 or authorized agent empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael R. Frost*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96 846-7545
Date Daytime Phone #

CR2E037 (12/95)