FILE NOW: FILING FEE IS $61.25

FILED
Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33323-2847

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 Gables Property Management Inc.
Suite, Apt. #, etc.
22 1625 N. Commerce Pkwy, Suite 305
City & State
23 Weston, FL
Zip 24 33326 Country 25 Broward

2a. Mailing Address
26 Gables Property Management Inc.
Suite, Apt. #, etc.
27 1625 N. Commerce Pkwy Suite 305
City & State
28 Weston, FL
Zip 29 33326 Country 30 Broward

4. FEI Number: 65-0595704 ☐ 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

EMERY, MICHAAEL R
C/O STEIN, ROSENBERG & WINIKOFF
4875 N. FEDERAL HIGHWAY, SEVENTH FLOOR
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Rosen, Rosen & Kreiling
82 Street Address (P.O. Box Number Is Not Acceptable): 1625 N. Commerce Pkwy, Suite 225
83
84 City: Weston FL 85 Zip Code: 33326

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. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Edward Paul Kreiling, Esq. 2/14/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FISKE, BOB 4095 TREE TOPS ROAD COOPER CITY FL 33026	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Deborah Egebrecht 3995 Fern Forest Rd. Cooper City, FL 33026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TARRANT, DENISE 4060 FERN FOREST ROAD COOPER CITY FL 33026	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ED OSTERUFF 4150 Fern Forest Rd. Cooper City, FL 33026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FROST, MICHAEL 4045 TREE TOPS ROAD COOPER CITY FL 33026	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MELLIES, JOY 4045 FERN FOREST ROAD COOPER CITY FL 33026	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, ALLAN 11225 SECRET WOODS DRIVE COOPER CITY FL 33026	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 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: [signature] PRESIDENT 1-30-97 954-349-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #