


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
GABLES PROPERTY MANAGEMENT INC 1625 N COMMERCE PARKWAY SUITE 305 WESTON FL 33326 US		GABLES PROPERTY MANAGEMENT INC. 1625 N COMMERCE PARKWAY SUITE 305 WESTON FL 33326 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 3300 Corporate Ave.	26 3300 Corporate Ave.	10/11/1993	65-0595704
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For / Not Applicable
22 Suite 110	27 Suite 110	<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Weston, FL	28 Weston, FL	7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 Zip	29 Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33331	29 33331		
25 Country	30 Country		
25 USA	30 USA		

9. Name and Address of Current Registered Agent

ROSEN, ROSEN & KREILI
1625 N COMMERCE PARKWAY
SUITE 255
WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name: **Rosen & Kreiling, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **2500 Weston Road**
83 Suite: **Suite 220**
84 City: **Weston, FL** 85 Zip Code: **33331**

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISKE, BOB	1.2 NAME	Secretary/Treasurer
STREET ADDRESS	4095 TREE TOPS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGEBRECHT, DEBORAH	2.2 NAME	
STREET ADDRESS	3995 FERN FOREST ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, MICHAEL	3.2 NAME	President
STREET ADDRESS	4045 TREE TOPS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLIES, JOY	4.2 NAME	
STREET ADDRESS	4045 FERN FOREST ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTRUFF, ED	5.2 NAME	
STREET ADDRESS	4150 FERN FOREST ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: _____ DATE: 2/9/98

CR20037 (10/97)