

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90136 023 ****61.25

DOCUMENT # N93000004681

1. Entity Name

THE PARK AT ROCK CREEK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3300 CORPORATE AVE
 SUITE 110
 WESTON FL 33331
 US

3330 CORPORATE AVE
 SUITE 110
 WESTON FL 33331-3500
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0595704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEN & KREILING, PA
2500 WESTON ROAD
WESTON FL 33331

Name

Kaye & Roger, P.A.

Street Address (P.O. Box Number is Not Acceptable)

6261 NW 6 Way

Suite 103

City

Ft Lauderdale

FL

Zip Code

33309

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MASON, SHAWN	
STREET ADDRESS	11275 SUNVIEW WAY	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	DP	<input type="checkbox"/> Delete
NAME	EGBRECHT, DEBORAH	
STREET ADDRESS	3995 FERN FOREST ROAD	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, HOWARD	
STREET ADDRESS	4145 TREE TOPS RD	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RANDAZZO, RENATO	
STREET ADDRESS	3965 FERN FOREST RD.	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JANICKI, DIANE	
STREET ADDRESS	4080 TREE TOPS RD.	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	GALLAGHER, HEICKE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11270 Tradewinds Way	
STREET ADDRESS	Cooper City FL 33026	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Deborah Egebrecht
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH EGBRECHT 04/04/00 954-349-8777

Date

Daytime Phone #

CR2E037 (9/99)