

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0074998

**DOCUMENT # N93000004681**

1. Entity Name

**THE PARK AT ROCK CREEK OWNERS ASSOCIATION, INC.**

03-20-2002 90051 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~3300 CORPORATE AVE  
 SUITE 110  
 WESTON FL 33331  
 US~~

~~3300 CORPORATE AVE  
 SUITE 110  
 WESTON FL 33331  
 US~~

2. Principal Place of Business

3. Mailing Address

*1189 Sawgrass Corp Pkwy*  
 Suite, Apt. #, etc. *U*

*1189 Sawgrass Corp Pkwy*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

*Sunrise FL*

*Sunrise FL*

4. FEI Number

**65-0595704**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33323*

*Broward*

*33323*

*Broward*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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

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

City

**FL**

Zip Code

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  Delete  
 NAME **DS DEVITO, NORA**  
 STREET ADDRESS **1189 SAWGRASS CORP PKWY**  
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE  Change  Addition  
 NAME *DS Nora Devito*  
 STREET ADDRESS *1189 Sawgrass Corp Pkwy*  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DP GALLAGHER, HEIKE**  
 STREET ADDRESS **1189 SAWGRASS CORP PKWY**  
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE  Change  Addition  
 NAME *DP Heike Gallagher*  
 STREET ADDRESS *1189 Sawgrass Corp Pkwy*  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT JANICKI, DIANE**  
 STREET ADDRESS **1189 SAWGRASS CORP PKWY**  
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE  Change  Addition  
 NAME *DT Diane Janicki*  
 STREET ADDRESS *1189 Sawgrass Corp Pkwy*  
 CITY-ST-ZIP

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)