


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90328 020 ****61.25

DOCUMENT # N93000004681

1. Entity Name
 THE PARK AT ROCK CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

% LANDMARK MANAGEMENT SERVICES % LANDMARK MANAGEMENT SERVICES
 12323 SW 55TH ST., SUITE 1002 12323 SW 55TH ST., SUITE 1002
 COOPER CITY, FL 33330 US COOPER CITY, FL 33330 US

20027207



2. Principal Place of Business 3. Mailing Address

Landmark Management *Landmark Management*

Suite, Apt. #, etc. Suite, Apt. #, etc.
1941 NW 150 Ave *1941 NW 150 Ave*

City & State City & State
Pembroke Pines FL *Pembroke Pines, FL*

Zip Country Zip Country
33028 *USA* *33028* *USA*

02202006 Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 65-0595704 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANDMARK MGMT. SVCS, INC.
 12323 SW 55 ST.
 STE. 1002
 COOPER CITY, FL 33330


7. Name and Address of New Registered Agent

Name *Landmark Management*

Street Address (P.O. Box Number is Not Acceptable)
1941 NW 150 Ave

City *Pembroke Pines FL* Zip Code *33028*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE *4/3/06*

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	SANTIAGO, MAX	
STREET ADDRESS	1145 SAWGRASS CORP PKWY	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VIVEROS, PATRICIA	
STREET ADDRESS	4025 TREE TOPS RD.	
CITY-ST-ZIP	COOPER CITY, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESPOSITO, FRANK	
STREET ADDRESS	4015 TREE TOPS RD.	
CITY-ST-ZIP	COOPER CITY, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NORA, DEVITO	
STREET ADDRESS	4070 TREE TOPS RD.	
CITY-ST-ZIP	COOPER CITY, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RASHID, IBRAHIM	
STREET ADDRESS	4165 TREE TOPS RD.	
CITY-ST-ZIP	COOPER CITY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	TVP	<input checked="" 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 exemptions contained in Chapter 119, 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:  *Ibrahim Rashid, PRES. 04/05/06* Date Daytime Phone # *954-600-9107*