



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90186 018 ****61.25

DOCUMENT # N93000004681					
1. Entity Name THE PARK AT ROCK CREEK OWNERS ASSOCIATION, INC.					
Principal Place of Business % LANDMARK MANAGEMENT SERVICES 1941 NW 150 AVE HOLLYWOOD, FL 33028 US		Mailing Address % LANDMARK MANAGEMENT SERVICES 1941 NW 150 AVE HOLLYWOOD, FL 33028 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0595704	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANDMARK MGMT. SVCS, INC. 1941 NW 150 AVE HOLLYWOOD, FL 33025				Name <i>Straley + Otto P.A.</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>2699 Stirling Rd.</i>	
				Suite <i>C-207</i>	
				City <i>Ft. Lauderdale, FL</i> FL Zip Code <i>33312</i>	
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 <i>Charles Otto Esq</i>				DATE <i>4/11/07</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTIAGO, MAX		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323		CITY-ST-ZIP		
TITLE	TVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPOSITO, FRANK		NAME		
STREET ADDRESS	4015 TREE TOPS RD.		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RASHID, IBRAHIM		NAME		
STREET ADDRESS	4165 TREE TOPS RD.		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>Director</i>	
STREET ADDRESS			STREET ADDRESS	<i>3920 Fern Forest Rd.</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Cooper City, FL 33026.</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Frank Esposito, Vice President</i>			Date <i>4/23/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <i>954-432-7463</i>		