

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90016 037 \*\*\*\*61.25

DOCUMENT # N93000005187

1. Entity Name

TRELLISES AT ROCK CREEK HOMEOWNERS'  
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4150 OPEN WAY  
COOPER CITY FL 33026  
US

4150 OPEN WAY  
COOPER CITY FL 33026  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

11500 S. Open Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City, Fla.

4. FEI Number

65-0467866

Applied For

Not Applicable

Zip

Country

Zip

Country

33026

USA

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

GINSBERG, MARK P  
4150 OPEN WAY  
COOPER CITY FL 33026

Name Joel Wein

Street Address (P.O. Box Number is not acceptable)  
11500 S. Open Ct.

City Cooper City

FL

Zip Code 33026

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

*Mark P. Ginsberg*

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when re-registering)

3/7/07

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | PRES                 | <input type="checkbox"/> Delete            |
| NAME           | GINSBERG, MARK P     |                                            |
| STREET ADDRESS | 4150 OPEN WAY        |                                            |
| CITY- ST- ZIP  | COOPER CITY FL 33026 |                                            |
| TITLE          | TDS                  | <input type="checkbox"/> Delete            |
| NAME           | MUFSON, ERICA        |                                            |
| STREET ADDRESS | 11571 S. OPEN ST.    |                                            |
| CITY- ST- ZIP  | COOPER CITY FL 33026 |                                            |
| TITLE          | DVP                  | <input checked="" type="checkbox"/> Delete |
| NAME           | LARA, PETER          |                                            |
| STREET ADDRESS | 11567 N. OPEN CT.    |                                            |
| CITY- ST- ZIP  | COOPER CITY FL 33026 |                                            |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | VALLEJO, JUAN        |                                            |
| STREET ADDRESS | 4155 OPEN WAY        |                                            |
| CITY- ST- ZIP  | COOPER CITY FL 33026 |                                            |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | LEVINE, LARRY        |                                            |
| STREET ADDRESS | 4163 OPEN WAY        |                                            |
| CITY- ST- ZIP  | COOPER CITY FL 33026 |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY- ST- ZIP  |                      |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | Vice President          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ginsberg, Mark P.       |                                                                              |
| STREET ADDRESS | 4150 Open Way           |                                                                              |
| CITY- ST- ZIP  | Cooper City, Fla. 33026 |                                                                              |
| TITLE          | President               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Joel Wein               |                                                                              |
| STREET ADDRESS | 11500 S. Open Ct.       |                                                                              |
| CITY- ST- ZIP  | Cooper City, Fla. 33026 |                                                                              |
| TITLE          | Board Member - Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Barrington, Scott       |                                                                              |
| STREET ADDRESS | 11531 S. Open Ct.       |                                                                              |
| CITY- ST- ZIP  | Cooper City, Fla. 33026 |                                                                              |
| TITLE          | Board Member - Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Jontiff, Sandra         |                                                                              |
| STREET ADDRESS | 11551 S. Open Ct.       |                                                                              |
| CITY- ST- ZIP  | Cooper City, Fla. 33026 |                                                                              |
| 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 Section 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:

*[Signature]*

07 MAR 2007