2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

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	11500 S. OPEN CT COOPER CITY, FL 33026 US

DO NOT WRITE IN THIS SPACE

04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0467866
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEIN, JOEL
11500 S. OPEN CT
COOPER CITY, FL 33026

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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 _____ 30 APR 2008
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, 2008

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

U00000947084
05/30/08-80075-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GINSBERG, MARK P
STREET ADDRESS	4150 OPEN WAY
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	TDS
NAME	MUFSON, ERICA
STREET ADDRESS	11571 S. OPEN ST.
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	P
NAME	WEIN, JOEL
STREET ADDRESS	11500 S. OPEN CT
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	D
NAME	SCOTT, BARRINGTON
STREET ADDRESS	11531 S. OPEN CT
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	D
NAME	LEVINE, LARRY
STREET ADDRESS	4163 OPEN WAY
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	D
NAME	JONTIFF, SANDRA
STREET ADDRESS	11551 S. OPEN CT
CITY-ST-ZIP	COOPER CITY, FL 33026

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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: _____ 30 APR 2008 9543334443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #