

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005187

FILED
Jun 22, 2009
Secretary of State

Entity Name: TRELLISES AT ROCK CREEK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4150 OPEN WAY
COOPER CITY, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

11500 S. OPEN CT
COOPER CITY, FL 33026 US

New Mailing Address:

FEI Number: 65-0467866 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GINSBERG, MARK P
Address: 4150 OPEN WAY
City-St-Zip: COOPER CITY, FL 33026

Title: TDS () Delete
Name: MUFSON, ERICA
Address: 11571 S. OPEN ST.
City-St-Zip: COOPER CITY, FL 33026

Title: P () Delete
Name: WEIN, JOEL
Address: 11500 S. OPEN CT
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: SCOTT, BARRINGTON
Address: 11531 S. OPEN CT
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: LEVINE, LARRY
Address: 4163 OPEN WAY
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: JONTIFF, SANDRA
Address: 11551 S. OPEN CT
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHWAM, EUGENE
Address: 4158 OPEN WAY
City-St-Zip: COOPER CITY, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICA MUFSON

TDS

06/22/2009

Electronic Signature of Signing Officer or Director

Date