

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90082 045 \*\*\*150.00

**DOCUMENT # P99000025548**

1. Entity Name

CREEK CLUB GENERAL, INC.



Principal Place of Business

4721 UNIVERSITY DR.  
CORAL GABLES FL 33146

Mailing Address

C/O R + S MGMT  
5821 REDDMANN RD  
CHARLOTTE NC 28-212+



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address % R + S MGMT

1981 J.N. PEASE PL

Suite, Apt. #, etc.

SUITE 101

City & State

Charlotte, NC

Zip

28262-4529

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0908207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SORKIN, LAWRENCE  
%R & S MANAGEMENT  
4721 UNIVERSITY DRIVE  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SORKIN, SELMA	
STREET ADDRESS	10 EDGEWATER DRIVE, #6G	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORKIN, LAWRENCE	
STREET ADDRESS	5821 REDDMAN ROAD	
CITY-ST-ZIP	CHARLOTTE NC 29212	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORKIN, STEVEN	
STREET ADDRESS	11900 FARMLAND DRIVE	
CITY-ST-ZIP	ROCKVILLE MD 20952	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOSSEN, JUDITH	
STREET ADDRESS	210 WEST RITTENHOUSE SQUARE #2507	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1981 J.N. PEASE PL, SUITE 101	
CITY-ST-ZIP	CHARLOTTE, NC 28262-4529	
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		<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 607, 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:**

*Lawrence Sorkin*

LAWRENCE SORKIN

Date

Daytime Phone #

4-6-06 704-548-0226