## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004681

Entity Name: THE PARK AT ROCK CREEK OWNERS ASSOCIATION, INC.

FILED Feb 16, 2023 Secretary of State 3659717519CC

## **Current Principal Place of Business:**

C/O MIAMI MANAGEMENT 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323

## **Current Mailing Address:**

C/O MIAMI MANAGEMENT 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 US

FEI Number: 65-0595704 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

EISINGER BROWN, P.A 4000 HOLLYWOOD BLVD. SUITE 265-S HOLLYWOOD, FL 33021 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: GREGORY EISINGER 02/16/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name FOSDICK, MELISSA Name SCHROUDER, RYAN

Address C/O MIAMI MANAGEMENT Address C/O MIAMI MANAGEMENT

1145 SAWGRASS CORPORATE PKWY 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

 Title
 TREASURER
 Title
 SECRETARY

 Name
 SEGAL, EZEQUEIL
 Name
 ROSE, JUDITH H

Address C/O MIAMI MANAGEMENT Address C/O MIAMI MANAGEMENT

1145 SAWGRASS CORPORATE PKWY 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title DIRECTOR Title DIRECTOR

Name ARANA, DEANNA Name VIGNA, FONDARAE

Address C/O MIAMI MANAGEMENT Address C/O MIAMI MANAGEMENT

1145 SAWGRASS CORPORATE PKWY 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name SALAS, STELLA

Address C/O MIAMI MANAGEMENT

1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

I hereby 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 all other like empowered.

SIGNATURE: MELISSA FOSDICK PRESIDENT 02/16/2023