2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2018
Secretary of State
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Entity Name: THE PARK AT ROCK CREEK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O J & L PROPERTY MGMT
10191 W SAMPLE RD SUITE #203
CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O J & L PROPERTY MGMT
10191 W SAMPLE RD SUITE #203
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0595704

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALDERAZZO, JAMES
C/O J & L PROPERTY MGMT
10191 W SAMPLE RD SUITE #203
CORAL SPRINGS, FL 33065 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: JAMES CALDERAZZO 03/30/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	VP
Name	WILLIAMS, MERLIDA	Name	CORCORAN, SUZANNE
Address	C/O J & L PROPERTY MGMT 10191 W SAMPLE RD SUITE #203	Address	C/O J & L PROPERTY MGMT 10191 W SAMPLE RD SUITE #203
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065
Title	T	Title	P
Name	BASSAM WANIS, EL BAROUDI	Name	KOURANY, TITA
Address	C/O J & L PROPERTY MGMT 10191 W SAMPLE RD SUITE #203	Address	C/O J & L PROPERTY MGMT 10191 W SAMPLE RD SUITE #203
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065
Title	SECRETARY	Title	DIRECTOR
Name	LUGO, MARIA	Name	IANNARELLA, STELLA
Address	C/O J & L PROPERTY MGMT 10191 W SAMPLE RD SUITE #203	Address	C/O J & L PROPERTY MGMT 10191 W SAMPLE RD SUITE #203
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065
Title	DIRECTOR		
Name	RAKOWER, GABRIEL		
Address	C/O J & L PROPERTY MGMT 10191 W SAMPLE RD SUITE #203		
City-State-Zip:	CORAL SPRINGS FL 33065		

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: TITA KOURANY P 03/30/2018

Electronic Signature of Signing Officer/Director Detail — Date