

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003268

1. Entity Name
Cross Creek Parcel D Phase I Homeowners Association

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUL 24 AM 9:41

Principal Place of Business _____ Mailing Address _____

REINSTATEMENT 99-00

2. Principal Place of Business
4131 Gunn Hwy

3. Mailing Address
4131 Gunn Hwy

Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

City & State
Tampa, FL

City & State
Tampa, FL

Zip **33624** Country **USA** Zip **33624** Country **USA**

DO NOT WRITE IN THIS SPACE
04-09-99 90042 011 \$61.25

4. FEI Number
59-3256420

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **GAIL E. FLOWERS, LCA**

Street Address (P.O. Box Number is Not Acceptable)
~~XXXXXX~~ **4131 GUNN HWY.**

CROSS CREEK PARCEL D PHASE I HOA

City **TAMPA** **FL** Zip Code **33624**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. **300003344363--8**
-08/02/00--01080--019
******175.00 ****175.00**
3-31-00

SIGNATURE Gail E. Flowers, LCA
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 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 another like empowered.

SIGNATURE: David Capozzuto **4/24/00**

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-08/02/00--01080--018

CR2E037 (9/99)