

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90109 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris- Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005586			
1. Corporation Name CROSS CREEK PARCEL "O" HOMEOWNERS ASSOCIATION, I NC.			
Principal Place of Business 325 SO. BLVD. TAMPA FL 33606		Mailing Address 325 SO. BLVD. TAMPA FL 33606	

* 5 6 1 5 1 7 *
 561517-90088-34



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1998	
325 South Boulevard Tampa, Florida 33606 USA		P.O. Box 2071 Tampa, FL 33601 USA		4. FEI Number 59-3545320	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

24				25		29		30	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
JAMES, JUDITH L 325 SO. BLVD. TAMPA FL 33606					81 Name 82 Street Address 83 84 City				
					Hanson, Jack B. 325 South Boulevard Tampa, FL 33606				

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0507, Florida Statutes.

SIGNATURE: *J. O. HANSON* DATE: **4/17/99**

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSON, JACK			1.2 NAME	Sikorski, Fred		
STREET ADDRESS	4904 EISENHOWER BLVD., STE. 150			1.3 STREET ADDRESS	4904 Eisenhower Suite 150		
CITY-ST-ZIP	TAMPA FL 33634			1.4 CITY-ST-ZIP	Tampa, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAGLEY, JAMES D			2.2 NAME	Collins, Theresa		
STREET ADDRESS	4904 EISENHOWER BLVD., STE. 150			2.3 STREET ADDRESS	4904 Eisenhower Suite 150		
CITY-ST-ZIP	TAMPA FL 33634			2.4 CITY-ST-ZIP	Tampa, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES, JUDITH L			3.2 NAME	Montgomery, Katherine		
STREET ADDRESS	4904 EISENHOWER BLVD., STE. 150			3.3 STREET ADDRESS	4904 Eisenhower Suite 150		
CITY-ST-ZIP	TAMPA FL 33634			3.4 CITY-ST-ZIP	Tampa, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* DATE: **4/17/99** DAYTIME PHONE: **408-228-4181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)