

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90849 047 ****61.25

DOCUMENT # N98000005586

1. Entity Name

CROSS CREEK PARCEL "O" HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

325 SO. BLVD.
 TAMPA FL 33606

325 SO. BLVD.
 TAMPA FL 33606-2150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3545320

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSON, JACK B
325 SO. BLVD.
TAMPA FL 33606

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **SIKORSKI, FRED**
 STREET ADDRESS: **4904 EISENHOWER BLVD.,STE.150**
 CITY-ST-ZIP: **TAMPA FL 33634**

TITLE: **P** Change Addition
 NAME: **SIKORSKI, FRED**
 STREET ADDRESS: **2901 BUSH BLVD. #601**
 CITY-ST-ZIP: **TAMPA, FL 33611**

TITLE: **D** Delete
 NAME: **COLLINS, THERESA**
 STREET ADDRESS: **4904 EISENHOWER BLVD.,STE.150**
 CITY-ST-ZIP: **TAMPA FL 33634**

TITLE: **VP** Change Addition
 NAME: **COLLINS, THERESA**
 STREET ADDRESS: **2901 BUSH BLVD. #601**
 CITY-ST-ZIP: **TAMPA. FL 33611**

TITLE: **D** Delete
 NAME: **MONTGOMERY, KATHERINE**
 STREET ADDRESS: **4904 EISENHOWER BLVD.,STE.150**
 CITY-ST-ZIP: **TAMPA FL 33634**

TITLE: **S** Change Addition
 NAME: **CRAWFORD, TOM**
 STREET ADDRESS: **2901 BUSH BLVD. #601**
 CITY-ST-ZIP: **TAMPA, FL 33618**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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. 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 617, 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

813-290-7900

Daytime Phone #

CR2E037 (9/99)