

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90443 036 ****61.25

DOCUMENT # N98000005586

1. Entity Name

**CROSS CREEK PARCEL "O" HOMEOWNERS ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

325 SO. BLVD.
 TAMPA FL 33606

325 SO. BLVD.
 TAMPA FL 33606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

University Properties Inc
 Suite, Apt. #, etc.

University Properties Inc
 Suite, Apt. #, etc.

7001 Temple Terrace Hwy
 City & State

7001 Temple Terrace Hwy
 City & State

Tampa FL

Tampa FL

Zip
33637

Country

Zip
33637

Country

4. FEI Number

59-3545320

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

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

Name
Antonio Duarte III

Street Address (P.O. Box Number is Not Acceptable)
11959 N Florida Ave

City
Tampa

FL

Zip Code
33612

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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. 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** *Fred Sikorski* 3-29-02 813-290-7900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)