

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90044 005 ****61.25

DOCUMENT # N98000005586

1. Entity Name
CROSS CREEK PARCEL "O" HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**UNIVERSITY PROPERTIES INC
 7001 TEMPLE TERRACE HWY
 TAMPA, FL 33637**

Mailing Address
**UNIVERSITY PROPERTIES INC
 7001 TEMPLE TERRACE HWY
 TAMPA, FL 33637**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
59-3545320

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



14003297



03112004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**DUARTE, ANTONIO III
 11959 N FLORIDA AVE
 TAMPA, FL 33612**

7. Name and Address of New Registered Agent
**ADDRESS CHANGE
 6221 LAND O LAKES BLVD
 LAND O LAKES, FL 34639**

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALDWIN, BETTY 10321 RIVERBURN DR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Baldwin, Betty 10321 Riverburn Dr. Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PILLER, DENNIS 10313 RIVERBURN DR. TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rachelle Angstadt 10215 Meadow Crossing Dr. Tampa, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAYNAS, MICHAEL 10332 MEADOW CROSSING DR. TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SL Porter, Thurston 10319 Meadow Crossing Dr. Tampa, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABO, DOUGLAS 10322 RIVERBURN DR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sabo, Douglas 10322 Riverburn Dr. Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brewis, Darren 10302 Riverburn Dr. Tampa, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thurston Porter VP **3/18/04** **980-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #