


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90009 016 \*\*\*\*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		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 <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DUARTE, ANTONIO III 6221 LAND O LAKES BLVD. LAND O LAKES, FL 34639			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BALDWIN, BETTY		NAME				
STREET ADDRESS	10321 RIVERBURN DR.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ANGESTADT, RICHELLE		NAME	P Angstadt, Richelle			
STREET ADDRESS	10215 MEADOW CROSSING DR.		STREET ADDRESS	10215 Meadow Crossing DR.			
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Tampa, FL 33647			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PORTER, THURSTON		NAME				
STREET ADDRESS	10319 MEADOW CROSSING DR.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAYNES, MICHAEL		NAME				
STREET ADDRESS	10332 MEADOW CROSSING DR		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP				
TITLE	SC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REED, FLETCHER		NAME				
STREET ADDRESS	10303 RIVERBURN DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	VP Sabo, Doug			
STREET ADDRESS			STREET ADDRESS	10322 Riverburn DR.			
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33647			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Richelle Angstadt</u>			Date: <u>2/23/06</u>		Daytime Phone #: <u>980-1000</u>		

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