

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# N98000005586

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

**Current Principal Place of Business:**

UNIVERSITY PROPERTIES INC  
7001 TEMPLE TERRACE HWY  
TAMPA, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

UNIVERSITY PROPERTIES INC  
7001 TEMPLE TERRACE HWY  
TAMPA, FL 33637

**New Mailing Address:**

FEI Number: 59-3545320      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUARTE, ANTONIO III  
6221 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ANGSTADT, RICHELLE  
Address: 10215 MEADOW CROSSING DR.  
City-St-Zip: TAMPA, FL 33647

Title: TD      ( ) Delete  
Name: HAYNES, MICHAEL  
Address: 10332 MEADOW CROSSING DR  
City-St-Zip: TAMPA, FL 33647

Title: SC      ( ) Delete  
Name: REED, FLETCHER  
Address: 10303 RIVERBURN DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: VP      ( ) Delete  
Name: SABO, DOUG  
Address: 10322 RIVERBURN DR  
City-St-Zip: TAMPA, FL 33647

Title: D      (X) Delete  
Name: LOZADA, MIGUEL  
Address: 10209 MEADOW CROSSING DR  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: LOZADA, MIGUEL  
Address: 10209 MEADOW CROSSING DRIVE  
City-St-Zip: TAMPA, FL 33647

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL LOZADA

S

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date