

2000 UNIFORM BUSINESS REPORT (UBR)

5/17

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-17-2000 90849 046 ****61.25

DOCUMENT # N99000000310

1. Entity Name

CROSS CREEK PARCEL "K" HOMEOWNER'S ASSOCIATION.

Principal Place of Business

325 SOUTH BOULEVARD
TAMPA, FL 33606

Mailing Address

325 SOUTH BOULEVARD
TAMPA, FL 33606

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

59-3578376

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

Name

Street HANSON, JACK
325 SOUTH BLVD.
TAMPA, FL 33606

City

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

(Signature of officer or director 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

TITLE	D	delete
NAME	MONTGOMERY, KATHERINE	
STREET ADDRESS	4904 EISENHOWER BOULEVARD #150	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	delete
NAME	JESSKI, ROBERT	
STREET ADDRESS	4904 EISENHOWER BOULEVARD #150	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	delete
NAME	SIKORSKI, FRED	
STREET ADDRESS	4904 EISENHOWER BOULEVARD #150	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Change	Addition
NAME	SIKORSKI, FRED		
STREET ADDRESS	2901 BUSH BLVD. # 601		
CITY-ST-ZIP	TAMPA, FL 33618		
TITLE	VPD	Change	Addition
NAME	COLLINS, THERESA		
STREET ADDRESS	2901 BUSH BLVD. #601		
CITY-ST-ZIP	TAMPA, FL 33618		
TITLE	SD	Change	Addition
NAME	CRAWFORD, TOM		
STREET ADDRESS	2901 BUSH BLVD.		
CITY-ST-ZIP	TAMPA, FL #601		
TITLE		Change	Addition
NAME	TAMPA, FL 33618		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

813-290-7900

CR2E037 (9/99)