

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90058 025 \*\*\*\*61.25

<b>DOCUMENT # N99000000310</b> 1. Entity Name <b>CROSS CREEK PARCEL "K" HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637</b>			Mailing Address <b>UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3578376</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DUARTE, ANTONIO III 6221 LAND O LAKES BLVD. LAND O LAKES, FL 34639</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VACHARASIN, JOE 10331 BIEDWA ST. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Vacharasin 10331 Birdwatch Dr. Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAGGEN, CLEMENT 10324 GOLDEN BROOK TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Cheryl Pellssier 10334 Beneva Drive Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS-COLLINS, LORRAINO 10333 GOLDEN BROOK TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Michale J. Carballo 10307 Beneva Drive Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRESSETTE, LEO 10330 BIRDWATCH DR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Clement Jaggan (Clem) 10324 Goldenbrook Way Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBALLO, MICHAEL J 10307 BENEWA DR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lorraine Thomas-Collins 10333 Goldenbrook Way Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D  <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.					
<b>SIGNATURE:</b>				<b>JOE VACHARASIN</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>02/01/05</b> Daytime Phone # <b>994-8124</b>	