

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003266

**Entity Name:** CROSS CREEK PARCEL D PHASE I HOMEOWNER'S ASSOCIATION, INC.

**FILED  
Mar 02, 2016  
Secretary of State  
CC7370963416**

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618

**FEI Number: 59-3256420**

**Certificate of Status Desired: No**

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

MEIROSE & FRISCIA, PA  
5550 WEST EXECUTIVE DRIVE  
STE 250  
TAMPA, FL 33609 US

*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

**Officer/Director Detail :**

Title PD  
Name BURGESS, FRANK  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title SD  
Name GRELLNER, CYNTHIA  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title D  
Name BURGESS, MARCIA  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title VPTD  
Name FOUTTS, BOB  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title D  
Name PAKIDIS, PAUL  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

*I hereby 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 all other like empowered.*

**SIGNATURE: FRANK BURGESS**

**PD**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date