### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005586

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

INC.

FILED Feb 06, 2024 Secretary of State 5169750939CC

#### **Current Principal Place of Business:**

UNIVERSITY PROPERTIES INC 3018 N. U.S. HWY 301 SUITE 950 TAMPA, FL 33619

# **Current Mailing Address:**

UNIVERSITY PROPERTIES INC 3018 N. U.S. HWY 301 SUITE 950 TAMPA, FL 33619 US

FEI Number: 59-3545320 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

\_\_\_\_\_

Date

## Officer/Director Detail:

Title P Title SECRETARY

Name FLICKINGER, LANCE Name ANZALONE, PATRICIA

Address UNIVERSITY PROPERTIES INC Address UNIVERSITY PROPERTIES INC

3018 N. U.S. HWY 301 SUITE 950 3018 N. U.S. HWY 301 SUITE 950

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

Title VP Title TREASURER

Name RATTO, PETER Name JOERG, CRYSTAL

Address UNIVERSITY PROPERTIES INC Address UNIVERSITY PROPERTIES INC

3018 N. U.S. HWY 301 SUITE 950 3018 N. U.S. HWY 301 SUITE 950

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

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.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail