

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005586

**FILED**  
**Jan 21, 2013**  
**Secretary of State**  
**CC4513111386**

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

**Current Principal Place of Business:**

UNIVERSITY PROPERTIES INC  
7001 TEMPLE TERRACE HWY  
TAMPA, FL 33637

**Current Mailing Address:**

UNIVERSITY PROPERTIES INC  
7001 TEMPLE TERRACE HWY  
TAMPA, FL 33637

**FEI Number: 59-3545320**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ANGSTADT, RICHELLE  
Address 10215 MEADOW CROSSING DR.  
City-State-Zip: TAMPA FL 33647

Title TD  
Name HAYNES, MICHAEL  
Address 10332 MEADOW CROSSING DR  
City-State-Zip: TAMPA FL 33647

Title VPD  
Name LOZADA, MIGUEL  
Address 10209 MEADOW CROSSING DRIVE  
City-State-Zip: TAMPA FL 33647

Title SD  
Name ANZALONE, ALESSANDRA  
Address 10318 RIVERBURN DRIVE  
City-State-Zip: TAMPA FL 33647

Title D  
Name COTTET, KENT  
Address 10408 ROCKY RIVER COURT  
City-State-Zip: TAMPA FL 33647

*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: RICHELLE ANGSTADT**

**PRESIDENT**

**01/21/2013**

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

\_\_\_\_\_  
Date