
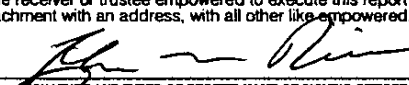


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90012 031 ****61.25

DOCUMENT # N94000003266 1. Entity Name CROSS CREEK PARCEL D PHASE I HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HWY TAMPA, FL 33624			Mailing Address 4131 GUNN HWY TAMPA, FL 33624		
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 59-3256420	
		33618		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRISCIA, FRANKLIN 500 N. WESTSHORE BLVD TAMPA, FL 33809				Name SAME Street Address (P.O. Box Number is Not Acceptable) 500 N Westshore Blvd, Ste 830 City FL 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)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMILTON, DEBORAH 18104 PALM BREEZE DR. TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Gary Creller 18205 Sweet Jasmine Tampa, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGESS, FRANK 18001 PALM BREEZE DR. TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcia Burgess 18001 Palm Breeze Dr Tampa, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNEFRE, CHRISTINE 18116 PALM BREEZE DR. TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY-ST-ZIP	F Kenneth Beales 18123 Palm Breeze Dr Tampa, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SINNOTT, LORI 18008 MISTY BLUE LANE TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CHARLES M. Ricci 18004 PALM BREEZE DR TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCI, CHUCK 18004 PALM BREEZE DR TPA, FL 33647		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			2-27-06 813 806 6217		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARLES M. Ricci			Date Daytime Phone #		