1 2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N94000003266

1. Entity Name CROSS CREEK PARCEL D PHASE I HOMEOWNER'S



ASSOCIA	ATION, INC.									
4131 GUNN HWY 41:		Mailing Address 4131 GUNN HWY TAMPA, FL 33624	4131 GUNN HWY		guve-					
2. Principal Place of Business 3		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142006 Chg-NP CR2E037 (11/05)					
City & State		City & State			4. FEI Number 59-3256420				pplied For ot Applicable	
Zip	Country	^{Zip} 33618	Country		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent		
FRISCIA, FRANKLIN			Name	Name SAME						
	STSHORE BLVD		Street A	ddress (F	P.O. Box Number is Not Acceptable)					
TAMPA, F	L 33609		500 N We			stshore Blvd. Ste 830				
					··· · · · · · · · · · · · · · · · · ·					
			City				FL	Zip Cod	ie	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	·									
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor	-		\$5.00 May B Added to Fees		Make check orida Depart			
10.	•	Trust Fund Cor	-	<u> </u>	Added to Fees		orida Depart	ment of S	itate	
10.	Due by May 1, 2006	Trust Fund Cor	ntribution.	<u> </u>	Added to Fees	Flo	orida Depart	ment of S	itate	
TITLE NAME	OFFICERS AND DIF SD HAMILITON, DEBORAH	Trust Fund Cor RECTORS	11, TITLE NAME	DS Garv	Added to Fees DDITIONS/CHA	ANGES TO OFFIC	orida Depart	ment of S	N 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIF SD HAMILITON, DEBORAH 18101 PALM BREEZE DR.	Trust Fund Cor RECTORS	11. TITLE NAME STREET ADDRESS	DS Gary 1820	Added to Fees DOITIONS/CHA Creller 5 Sweet	ANGES TO OFFICE	orida Depart	ment of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF SD HAMILITON, DEBORAH 18101 PALM BREEZE OR. TAMPA, FL 33847	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Gary 1820	Added to Fees DDITIONS/CHA Creller 5 Sweet	ANGES TO OFFIC	orida Depart	ECTORS IN Change	Starte N 10 XX Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF SD HAMILITON, DEBORAH 18101 PALM BREEZE DR. TAMPA, FL 33847 PD BURGESS, FRANK	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DS Gary 1820	Added to Fees DOITIONS/CHA Creller 5 Sweet	ANGES TO OFFICE	orida Depart	ECTORS IN Change	Starte N 10 XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF SD HAMILITON, DEBORAH 18101 PALM BREEZE DR. TAMPA, FL 93947 PD BURGESS, FRANK 18001 PALM BREEZE DR.	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DS Gary 1820 Tamp	Added to Fees DDITIONS/CHA Creller 5 Sweet a, Fl	ANGES TO OFFICE Jasmine 33647	orida Depart	ECTORS IN Change	Starte N 10 XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006 OFFICERS AND DIF SD HAMILITON, DEBORAH 18-101-PALM BREEZE DR. TAMPA, FL 39847 PD BURGESS, FRANK 18001 PALM BREEZE DR. TAMPA, FL 33647 D GUNEFRE, CHRISTINE	Trust Fund Cor	11, TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	DS Gary 1820 Tamp	Added to Fees DDITIONS/CHA Creller 5 Sweet a, Fl	ANGES TO OFFICE Jasmine 33647	orida Depart	ECTORS IN Change	N 10 X Addition Addition	
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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 ceth; 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 charged, or on an attachment with an address, with all other like-epipowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ricci

FILED Mar 01, 2006 8:00 am Secretary of State 03-01-2006 90012 031 ****61.25

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