

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90029 038 ****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**

40040287



01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3256420

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRISCIA, FRANKLIN
500 N. WESTSHORE BLVD
STE 830
TAMPA, FL 33609**

Name

Street Address

City

7. Name and Address of New Registered Agent

**Frank Friscia
Meirose & Friscia, PA
5550 West Executive Drive
Suite 250
Tampa, Florida 33609**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete
NAME **CRELLER, GARY**
STREET ADDRESS **18205 SWEET JASMINE**
CITY-STATE-ZIP **TAMPA, FL 33647**

TITLE **PD** ☐ Delete
NAME **BURGESS, FRANK**
STREET ADDRESS **18001 PALM BREEZE DR.**
CITY-STATE-ZIP **TAMPA, FL 33647**

TITLE **D** ☐ Delete
NAME **BURGESS, MARCIA**
STREET ADDRESS **18001 PALM BREEZE DR**
CITY-STATE-ZIP **TAMPA, FL 33647**

TITLE **DVT** ☐ Delete
NAME **FOUTTS, BOB**
STREET ADDRESS **18204 SWEET JASMINE**
CITY-STATE-ZIP **TAMPA, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPSD** ☒ Change ☐ Addition
NAME **CRELLER, GARY**
STREET ADDRESS **18205 SWEET JASMINE**
CITY-STATE-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **FOUTTS, BOB**
STREET ADDRESS **18204 SWEET JASMINE**
CITY-STATE-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☒ Addition
NAME **D LOWELL, MIKE**
STREET ADDRESS **18117 PALM BREEZE**
CITY-STATE-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08 813-432-5046
Date Daytime Phone #