


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90327 041 ****61.25

DOCUMENT # N99000000310					
1. Entity Name CROSS CREEK PARCEL "K" HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637			Mailing Address UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637		
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 59-3578376	
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		
DUARTE, ANTONIO III 11959 N FLORIDA AVE TAMPA, FL 33612			ADDRESS CHANGE 6221 LAND O LAKES BLVD LAND O LAKES, FL 34639		
8. The above named entity submits this statement for the purpose of changing its registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <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 PD	NAME SIKORSKI, FRED	<input checked="" type="checkbox"/> Delete	TITLE D	NAME DOE VACHARASIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4704 EISENHOWER BLVD STE 150	CITY-ST-ZIP TAMPA, FL 33634		STREET ADDRESS 10331 Birdwalk	CITY-ST-ZIP Tampa 33647	
TITLE D	NAME SPADA, MARK	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Clement Jagger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4704 EISENHOWER BLVD STE 150	CITY-ST-ZIP TAMPA, FL 33634		STREET ADDRESS 10324 Goldenbrook	CITY-ST-ZIP Tampa 33647	
TITLE D	NAME SANTORO, CHRIS	<input checked="" type="checkbox"/> Delete	TITLE D	NAME LORRAINE Thomas-Collins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4704 EISENHOWER BLVD STE 150	CITY-ST-ZIP TAMPA, FL 33634		STREET ADDRESS 10333 Goldenbrook	CITY-ST-ZIP Tampa 33647	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	NAME Leo Bressette	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 10330 Birdwalk - Dr.	CITY-ST-ZIP Tampa 33647	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	NAME Michael J. Carballo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 10307-Bonewa Dr	CITY-ST-ZIP Tampa FL 33647	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Leo Bressette</i> leo G BRESSETTE 4/13/04 980-1000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					