

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90022 050 ****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**

40055067



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3578376

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUARTE, ANTONIO III
6221 LAND O LAKES BLVD.
LAND O LAKES, FL 34639**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 **P** ☐ Delete
NAME **EDWARDS, THOMAS**
STREET ADDRESS **18201 HOLLYHILLS WY**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **VP** ☐ Delete
NAME **RICHARDSON, LEAH**
STREET ADDRESS **10401 WILLARD WY**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **S** ☒ Delete
NAME **OLIVERI, TAMMY**
STREET ADDRESS **18316 CYPRESS HEAVEN DR**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **T** ☒ Delete
NAME **ARANSI, JOHN**
STREET ADDRESS **10309 BENEVA DR**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **D** ☐ Delete
NAME **SNELL, KELLI**
STREET ADDRESS **10426 GOLDENBROOK WY**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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

THOMAS EDWARDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/08
Date

813-987-5289
Daytime Phone #