

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005678 (4)**

1. Corporation Name

RIVER CREST ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**11300 N CENTRAL AVE
TAMPA FL 33612**

**11300 N CENTRAL AVE
TAMPA FL 33612**



3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

1717 East Fowler Avenue

2a. Mailing Address

1717 East Fowler Ave

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

Tampa Florida

28. City & State

Tampa, Florida

24. Zip

33612

25. Country

Hillsborough

29. Zip

33612

30. Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ, KRISTOPHER E
307 S BLVD, SUITE D
TAMPA FL 33606**

81. Name **WILLIAM C. CROWDER**

82. Street Address (R.O. Box Number is Not Acceptable)
1717 East Fowler Avenue

83.

84. City **Tampa**

FL

85. Zip Code **33612**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

William C. Crowder

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-98

12. OFFICERS AND DIRECTORS

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	William C. Crowder	
STREET ADDRESS	1717 East Fowler Avenue	
CITY-ST-ZIP	Tampa, Florida 33612	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William C. Crowder	
1.3 STREET ADDRESS	1717 E. Fowler Ave.	
1.4 CITY-ST-ZIP	Tampa, FL 33612	

2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Theodore J. Couch	
2.3 STREET ADDRESS	1717 E. Fowler Ave.	
2.4 CITY-ST-ZIP	Tampa, FL 33612	

3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joseph Capitano, Sr.	
3.3 STREET ADDRESS	2004 Durham	
3.4 CITY-ST-ZIP	Tampa, FL 33605	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William C. Crowder

4-27-98

813-971-1040

CR2E037 (10/97)