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Feb 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000643 (4)

1. Corporation Name

THE ESTATES AT RIVER CROSSING HOMEOWNERS ASSOCIA
TION, INC.

Principal Place of Business

Mailing Address

5110 EISENHOWER BLVD., STE. 250
TAMPA FL 33634

5110 EISENHOWER BLVD., STE. 250
TAMPA FL 33634-6339



3. Date Incorporated or Qualified
02/06/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4131 Gunn Highway

26 4131 Gunn Highway

4. FEI Number
59-3380354

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Tampa, FL

28 Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33624

25 Hillsborough

29 33624

30 Hillsborough

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, JUDITH L
325 SOUTH BLVD.
TAMPA FL 33606

81 Name
Greenacre Properties, Inc.

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

4131 Gunn Highway

83

84 City

Tampa

FL

85 Zip Code

33624

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 James G. Gallen, LCAM, PROPERTY MANAGER 1/31/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BRELAND, KATHLEEN D
STREET ADDRESS 5110 EISENHOWER BLVD., STE. 250
CITY-ST-ZIP TAMPA FL 33634

1.1 TITLE D/V P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MCELROY, MIKELL A
STREET ADDRESS 5110 EISENHOWER BLVD., STE. 250
CITY-ST-ZIP TAMPA FL 33634

2.1 TITLE Ashby, Reni
2.2 NAME
2.3 STREET ADDRESS 5110 Eisenhower Blvd. #250
2.4 CITY-ST-ZIP Tampa, FL 33634

TITLE D
NAME PASCUCI, PETER
STREET ADDRESS 5110 EISENHOWER BLVD., STE. 250
CITY-ST-ZIP TAMPA FL 33634

3.1 TITLE D/S/T
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: UKX G. Gallen, LCAM, PROPERTY MANAGER

1/28/97

CR2E037 (9/96)