

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90132 012 ****61.25

DOCUMENT # N96000000643

1. Corporation Name

THE ESTATES AT RIVER CROSSING HOMEOWNERS ASSOCIA
TION, INC.

Principal Place of Business

4131 GUNN HWY
TAMPA FL 33624
US

Mailing Address

4131 GUNN HWY
TAMPA FL 33624
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

59-3380354

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREENACRE PROPERTIES, INC
4131 GUNN HWY
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1500 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 617.0603, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP
NAME REYNOLDS, NANCY
STREET ADDRESS 5110 EISENHOWER BLVD., STE. 250
CITY-ST-ZIP TAMPA FL 33634

TITLE DP
NAME ASHBY, RENI
STREET ADDRESS 5110 EISENHOWER BLVD. STE 250
CITY-ST-ZIP TAMPA FL 33634

TITLE DST
NAME PASCUCCHI, PETER
STREET ADDRESS 5110 EISENHOWER BLVD., STE. 250
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Todd Taylor
1.3 STREET ADDRESS 934 Guisando De Avila
1.4 CITY-ST-ZIP Tampa, FL 33613

2.1 TITLE DVP
2.2 NAME Chad Horne, Windward Homes
2.3 STREET ADDRESS 5402 Beaumont Center, Suite 108
2.4 CITY-ST-ZIP Tampa, FL 33634

3.1 TITLE DST
3.2 NAME Melissa Taylor
3.3 STREET ADDRESS 934 Guisando De Avila
3.4 CITY-ST-ZIP Tampa, FL 33613

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)