

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000643

FILED
Apr 05, 2005
Secretary of State

Entity Name: THE ESTATES AT RIVER CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

309 N. PARSONS
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2608
VALRICO, FL 33595 US

New Mailing Address:

FEI Number: 59-3380354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITROWSKI, RICHARD
309 N. PARSONS
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

PITROWSKI, RICHARD
PO BOX 2608
VALRICO, FL, FL 33595 US

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.

SIGNATURE:

04/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEREZ, ROBERT
Address: 4635 RIVER OVERLOOK DR
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: WILSON, GARY
Address: 4623 RIVER OVERLOOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: GARCIA, KERRI
Address: 1403 W RIVER DR
City-St-Zip: VALRICO, FL 33594

Title: P () Delete
Name: ROTH, ADAM
Address: 4627 RIVER OVERLOOK DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: SNIVELY, MELISSA
Address: 4511 RIVER OVERLOOK DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: PEREZ, ROBERT
Address: 4635 RIVER OVERLOOK DR
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change () Addition
Name: WILSON, GARY
Address: 4623 RIVER OVERLOOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: DT (X) Change () Addition
Name: GARCIA, KERRI
Address: 1403 W RIVER DR
City-St-Zip: VALRICO, FL 33594

Title: DP (X) Change () Addition
Name: SULLIVAN, TOM
Address: 4633 RIVER OVERLOOK DR
City-St-Zip: VALRICO, FL 33594

Title: DS (X) Change () Addition
Name: SNIVELY, MELISSA
Address: 4511 RIVER OVERLOOK DR
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD PITROWSKI

RA

04/05/2005

Electronic Signature of Signing Officer or Director

Date