2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N96000000643

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

Current Principal Place of Business:

1463 OAKFIELD DRIVE
SUITE 129
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:

COMMUNITIES OF AMERICA, INC
1463 OAKFIELD DRIVE
SUITE 129
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FLORITA, TONY
Address: 4533 RIVER OVERLOOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: P ( ) Delete
Name: SOUZA, STEVEN
Address: 4506 RIVER OVERLOOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete
Name: MATLOCK, PAUL
Address: 4416 WINDING RIVER DRIVE
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: RABAH, BOB
Address: 1404 WEST RIVER COURT
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: KERRI, GARCIA
Address: P O BOX 2608
City-St-Zip: VALRICO, FL 33595

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PEREZ, ROBERT
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

Title: P (X) Change ( ) Addition
Name: SOUZA, STEVEN
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

Title: D (X) Change ( ) Addition
Name: THOMPSON, CATHI
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

Title: D (X) Change ( ) Addition
Name: BENEDIX, DONALD
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

Title: D (X) Change ( ) Addition
Name: BELUSSI, ANGELA
Address: P O BOX 2608
City-St-Zip: VALRICO, FL 33595

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVE SOUZA P 04/29/2008

Electronic Signature of Signing Officer or Director — Date