**FILED**
**Jul 24, 2003 8:00 am**
**Secretary of State**
05-27-2003 90172 044 ****61.25

5/27

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000643

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

55052145

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 2514 WRENCREST CIR<br>VALRICO, FL 33594 US | PO BOX 2608<br>VALRICO, FL 33595 US |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3380354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PITROWSKY, RICHARD<br>C/O COMMUNITIES OF AMERICA INC<br>PO BOX 2608<br>VALRICO, FL 33594<br>2514 Wrencrest Circle<br>Valrico, FL 33594 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5-22-03
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PEREZ, ROBERT<br>4636 RIVER OVERLOOK DR<br>VALRICO, FL 33594 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>FITZPATRICK, EMILY<br>1304 VISTA RIVER DR<br>VALRICO, FL 33594 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>COX, MARIA<br>4416 RIVER OVERLOOK DR<br>VALRICO, FL 33591 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ST<br>Melissa Snively<br>4511 River Overlook Dr.<br>Valrico, FL 33594 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GARCIA, KERRI L<br>1403 W RIVER DR<br>VALRICO, FL 33594 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROTH, ADAM<br>4627 RIVER OVERLOOK DR<br>VALRICO, FL 33594 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] 5-22-03 813-685-6473
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #