

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000643

**Entity Name:** THE ESTATES AT RIVER CROSSING HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**652 E. BLOOMINGDALE AVE.  
BRANDON, FL 33511**Current Mailing Address:**C/O MERIT MANAGEMENT  
3433 LITHIA PINECREST RD. #301  
VALRICO, FL 33596 US**FEI Number: 59-3380354****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PITROWSKI, RICHARD S  
652 E. BLOOMINGDALE AVE  
BRANDON, FL 33511 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:** RICHARD S PITROWSKI

06/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FIORITA, TONY  
Address C/O MERIT MANAGEMENT  
3433 LITHIA PINECREST RD. #301  
City-State-Zip: VALRICO FL 33596

Title VP  
Name SLINGER, GARY  
Address C/O MERIT MANAGEMENT  
3433 LITHIA PINECREST RD. #301  
City-State-Zip: VALRICO FL 33596

Title S  
Name SHUSTA, HARVEY  
Address C/O MERIT MANAGEMENT  
3433 LITHIA PINECREST RD. #301  
City-State-Zip: VALRICO FL 33596

Title TREASURER  
Name BROOKS, JULIE  
Address C/O MERIT MANAGEMENT  
3433 LITHIA PINECREST RD. #301  
City-State-Zip: VALRICO FL 33596

Title D  
Name PEREZ, ROBERTO  
Address C/O MERIT MANAGEMENT  
3433 LITHIA PINECREST RD. #301  
City-State-Zip: VALRICO FL 33596

I hereby 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 all other like empowered.

**SIGNATURE:** TONY FIORITA

PRESIDENT

06/07/2016

Electronic Signature of Signing Officer/Director Detail

Date