

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000643

**Entity Name:** THE ESTATES AT RIVER CROSSING HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9300 N. 16TH ST.  
TAMPA, FL 33612**Current Mailing Address:**9300 N. 16TH ST.  
TAMPA, FL 33612 US**FEI Number: 59-3380354****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WINFIELD, JANET  
9300 N. 16TH ST.  
TAMPA, FL 33612 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: JANET WINFIELD****03/04/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                  |                 |                  |
|-----------------|------------------|-----------------|------------------|
| Title           | P                | Title           | T                |
| Name            | FIORITA, TONY    | Name            | SALSBERY, BRET   |
| Address         | 9300 N. 16TH ST. | Address         | 9300 N. 16TH ST. |
| City-State-Zip: | TAMPA FL 33612   | City-State-Zip: | TAMPA FL 33612   |
| Title           | S                | Title           | VP               |
| Name            | SHUSTA, HARVEY   | Name            | BROOKS, JULIE    |
| Address         | 9300 N. 16TH ST. | Address         | 9300 N. 16TH ST. |
| City-State-Zip: | TAMPA FL 33612   | City-State-Zip: | TAMPA FL 33612   |
| Title           | D                |                 |                  |
| Name            | PEREZ, ROBERTO   |                 |                  |
| Address         | 9300 N. 16TH ST. |                 |                  |
| City-State-Zip: | TAMPA FL 33612   |                 |                  |

*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****03/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date