2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N02000000240

Entity Name: RIVERCREST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

11807 AUTUMN CREEK DR
RIVERVIEW, FL 33569

New Principal Place of Business:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

Current Mailing Address:

11807 AUTUMN CREEK DR
RIVERVIEW, FL 33569

New Mailing Address:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

FEI Number: 04-3626900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARIC, JOHN
7900 GLADES RD., SUITE 200
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

WILLIAMS, PETE
3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 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: PETE WILLIAMS 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DANIEL, KELLY
Address: 11807 AUTUMN CREEK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VD ( ) Delete
Name: ROMANOWSKI, JOE
Address: 11807 AUTUMN CREEK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: STD ( ) Delete
Name: SHELLING, KATHY
Address: 3505 FRONTAGE ROAD, SUITE 145
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: DALZIEL, PAM
Address: 11807 AUTUMN CREEK DR.
City-St-Zip: RIVERVIEW, FL 33569

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: KELLY DANIELS PD 04/28/2004
Electronic Signature of Signing Officer or Director Date