

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90081 041 ****61.25

DOCUMENT # N02000000240					
1. Entity Name RIVERCREST COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 3434 COLWELL #200 TAMPA, FL 33614			Mailing Address 3434 COLWELL AVE #200 TAMPA, FL 33614		
2. Principal Place of Business - No P.O. Box # 4131 Gunn Hwy		3. Mailing Address 4131 Gunn Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, Fl		City & State Tampa, Fl		4. FEI Number 04-3626900	
Zip 33618		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZETTA & COMPANY 3434 COLWELL AVE #200 TAMPA, FL 33614			7. Name and Address of New Registered Agent Name: DeFurio, James Street Address (P.O. Box Number is Not Acceptable): 201 E Kennedy Blvd, Ste 1460 City: Tampa, FL Zip Code: 33602		
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 DATE 4-10-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐ \$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 DEPERT, DENNIS 11555 CAPTIVA KAY DRIVE RIVERVIEW, FL 33569	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LENZA, GARY 11816 AUTUMN CREEK DRIVE RIVERVIEW, FL 33569	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, STEVE 11451 CAPTIVA KAY DRIVE RIVERVIEW, FL 33614	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DENNIS M. DEPERT, 4/10/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					