FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90506 039 ****61.25

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

DOCUMENT # N02000000240

1. Entity Name
RIVERCREST COMMUNITY ASSOCIATION, INC.

90099862

Principal Place of Business	Mailing Address
11417 BALM RIVERVIEW RD. RIVERVIEW, FL 33569	11417 BALM RIVERVIEW RD. RIVERVIEW, FL 33569

2. Principal Place of Business	3. Mailing Address
11807 Autumn Creek Dr	11807 Autumn Creek Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview, FL	City & State: Riverview, FL
Zip: 33569 Country	Zip: 33569 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3626900 ☐ 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
BARIC, JOHN 7900 GLADES RD., SUITE 200 BOCA RATON, FL 33434	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P/D Eric Harvey 11417 Balm Riverview Rd Riverview, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Kelly Daniel 11807 Autumn Creek Dr Riverview, FL 33569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Joe Romanowski 11807 Autumn Creek Dr Riverview, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Kathy Shelling 3505 Frontage Road, Suite 145 Tampa, FL 33607	☐ 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: _____ 3/19/03 813-671-6760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #