2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26640

FILED Apr 18, 2008 Secretary of State

Entity Name: RIVER CROSSING COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

809 E. BLOOMINGDALE AVE. #101

BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 6432 BRANDON, FL 335086432

FEI Number: 65-0100656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

APPLETON, ERIC N 220 S. FRANKLIN STREET TAMPA, FL 33802 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 CHORPENING, DIANA
 Name:
 CHORPENING, DIANA

 Address:
 1914 ALAFIA OAKS DR
 Address:
 1914 ALAFIA OAKS DR

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33596

Title: DVP () Delete Title: DVP (X) Change () Addition Name: GOODMAN, KEITH Name: WIESENHART, SUZY

Address: 1927 RIVER CROSSING DR Address: 1906 ALAFIA OAKS DR
City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 WILLIAMS, MICHAEL
 Name:
 STAMEY, PAMELA

 Address:
 4526 OAK RIVER CIR
 Address:
 4525 OAK RIVER CIR

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33596

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 BAILEY, GRACE
 Name:
 BAILEY, GRACE

 Address:
 1903 RIVER MEADOW CT
 Address:
 1903 RIVER MEADOW CT

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33596

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAMELA F. STAMEY DP 04/18/2008