2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26640

FILED Mar 02, 2009 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 **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 6432 809 E. BLOOMINGDALE AVE. BRANDON, FL 335086432 BRANDON, FL 33511 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 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: () Delete () Change () Addition CHORPENING, DIANA Name: Name: 1914 ALAFIA OAKS DR Address: Address: City-St-Zip: VALRICO, FL 33596 City-St-Zip: Title: () Delete Title: (X) Change () Addition WIESENHART, SUZY Name: WIESENHART, SUZY Name: Address: 1906 ALAFIA OAKS DR Address: 1906 ALAFIA OAKS DR City-St-Zip: VALRICO, FL 33596 City-St-Zip: VALRICO, FL 33596 Title: () Delete Title: DVP (X) Change () Addition STAMEY, PAMELA STAMEY, PAMELA Name: Name: 4525 OAK RIVER CIR 4525 OAK RIVER CIR Address: Address: City-St-Zip: VALRICO, FL 33596 City-St-Zip: VALRICO, FL 33596 Title: DS () Delete Title: () Change () Addition Name: BAILEY, GRACE Name: Address: 1903 RIVER MEADOW CT Address: City-St-Zip: VALRICO, FL 33596 City-St-Zip:

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: SUZANNE J. WIESENHART DP 03/02/2009