

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 04, 2006 8:00 am  
Secretary of State**

05-04-2006 90240 022 \*\*\*\*61.25

DOCUMENT # N96000003391		
1. Entity Name RIVER CROSSING COMMERCIAL ASSOCIATION, INC.		

Principal Place of Business 8801 RIVER CROSSINGS BLVD. NEW PORT RICHEY, FL 34655 US		Mailing Address 8801 RIVER CROSSINGS BLVD. NEW PORT RICHEY, FL 34655 US	
2. Principal Place of Business 6710 Embassy Blvd Po Box 1407 Suite 204		3. Mailing Address Suite, Apt. #, etc.	
City & State Port Richey FL		City & State Port Richey FL	
Zip 34668	Country US	Zip 34668	Country US
6. Name and Address of Current Registered Agent BRASHER, JOHN. 8801 RIVER CROSSINGS BLVD. NEW PORT RICHEY, FL 34655			
7. Name and Address of New Registered Agent Name MARY ANN MYSZKOWIAK Street Address (P.O. Box Number is Not Acceptable) 6710 EMBASSY Blvd Suite 204 City Port Richey FL Zip Code 34668			



04092006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3382946	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	
<p><input checked="" type="checkbox"/> Delete</p> <p>TITLE: PD NAME: BRASHER, C J STREET ADDRESS: 8801 RIVER CROSSING BLVD CITY-ST-ZIP: NEW PORT RICHEY, FL 34655</p>		<p><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>TITLE: PD NAME: MARY ANN MYSZKOWIAK STREET ADDRESS: 6710 EMBASSY Blvd Suite 204 CITY-ST-ZIP: Port Richey FL 34668</p>	
<p><input checked="" type="checkbox"/> Delete</p> <p>TITLE: STD NAME: SILVA, SUSAN STREET ADDRESS: 8801 RIVER CROSSING BLVD CITY-ST-ZIP: NEW PORT RICHEY, FL 34655</p>		<p><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>	
<p><input checked="" type="checkbox"/> Delete</p> <p>TITLE: D NAME: HUDSON, JOHN E STREET ADDRESS: 8801 RIVER CROSSING BLVD CITY-ST-ZIP: NEW PORT RICHEY, FL 34655</p>		<p><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 4/25/06 727-859-9734