

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 Suite, Apt. #, etc. Suite 204		3. Mailing Address Po Box 1407 Suite, Apt. #, etc.	
City & State Port Richey FL Zip 34668 Country US		City & State Port Richey FL Zip 34668 Country US	
4. FEI Number 59-3382946		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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	
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 MARY ANN MYSZKOWIAK 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME BRASHER, C J STREET ADDRESS 8801 RIVER CROSSING BLVD CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE PD NAME MARY ANN MYSZKOWIAK STREET ADDRESS 6710 Embassy Blvd Suite 204 CITY-ST-ZIP Port Richey FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME SILVA, SUSAN STREET ADDRESS 8801 RIVER CROSSING BLVD CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HUDSON, JOHN E STREET ADDRESS 8801 RIVER CROSSING BLVD CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: President 4/25/06 727-859-9734 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			