

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20, 2000 8:00 am  
Secretary of State

04-20-2000 90018 022 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005678  
1. Corporation Name  
RIVER CREST ESTATES HOMEOWNERS ASSOCIATION, INC.

00066435



Principal Place of Business Mailing Address  
1717 E FOWLER AVE 1717 E FOWLER AVE  
TAMPA FL 33612 TAMPA FL 33612  
US US

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 10/07/1997  
4. FEI Number NOT APPLICABLE Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
WILLIAM C CROWDER 1717 E FOWLER AVE TAMPA FL 33612  
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: [Signature] President/Director DATE: 4-14-99

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD	WILLIAM C CROWDER	1717 E FOWLER AVE	TAMPA FL 33612				
D	THEODORE J COUCH	1717 E FOWLER AVE	TAMPA FL 33612				
D	JOSEPH CAPITANO, SR	2004 DURHAM	TAMPA FL 33605				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] WILLIAM C CROWDER 4-14-99 (913)971-1040

CP00027 (4-1-00)