

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000240

Entity Name: RIVERCREST COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**17824 N US HIGHWAY 41
LUTZ, FL 33549**Current Mailing Address:**C/O WISE PROPERTY MANAGEMENT INC
17824 N US HIGHWAY 41
LUTZ, FL 33549 US**FEI Number:** 04-3626900**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLAUSIER, CHARLES EVANS ESQ.
1801 N. HIGHLAND AVE
TAMPA, FL 33602 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:** CHARLES EVANS GLAUSIER

03/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name RYAN, MICHAEL
Address 17824 N US HIGHWAY 41
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name VELLA, DON JR.
Address 17824 N US HIGHWAY 41
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name MCGEE, JOE
Address 17824 N US HIGHWAY 41
City-State-Zip: LUTZ FL 33549

Title VP, DIRECTOR
Name FERNANDEZ, LISA
Address 17824 N US HIGHWAY 41
City-State-Zip: LUTZ FL 33549

Title DIRECTOR, SECRETARY
Name STEVENS, MARSHA
Address 17824 N US HIGHWAY 41
City-State-Zip: LUTZ FL 33549

Title TREASURER, DIRECTOR
Name HAILE, MALCOLM SR.
Address 17824 N US HIGHWAY 41
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name THOMPSON, SAMANTHA
Address 17824 N US HIGHWAY 41
City-State-Zip: LUTZ FL 33549

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL RYAN

PRESIDENT

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date