

**2017 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

**FILED**  
**Mar 30, 2017**  
**Secretary of State**  
**CC4407973780**

**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

03/30/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           SECRETARY  
Name           HOFFMANN, SALLY I  
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  
Name           FERNANDEZ, LISA  
Address        17824 N US HIGHWAY 41  
City-State-Zip: LUTZ FL 33549

Title           DIRECTOR  
Name           ELINE, ALFRED E  
Address        17824 N US HIGHWAY 41  
City-State-Zip: LUTZ FL 33549

Title           TREASURER  
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**

03/30/2017

Electronic Signature of Signing Officer/Director Detail

Date