


FILED
Mar 03, 2008 8:00 am
Secretary of State

40037604

DOCUMENT # 756828						03-03-2008 90213 023 ***61.25	
1. Entity Name RIVER RUN CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 ST STE 203 MIAMI, FL 33175 US				Mailing Address C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 ST STE 203 MIAMI, FL 33175 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40037604			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242008 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number 59-2169930		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPLETE PROPERTY MANAGEMENT 3350 BISCAYNE BLVD SUITE 401 MIAMI, FL 33137				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008				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	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAMIESON, CATHERINE			NAME	Mark Lewis		
STREET ADDRESS	1700 NW N RIVER DR, # 505			STREET ADDRESS	1700 NW North River Dr #102		
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	Miami, FL 33125		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEWART, JENNIFER			NAME	John Hacker		
STREET ADDRESS	1700 NW NORTH RIVER DR #803			STREET ADDRESS	1700 NW NORTH River Dr. #603		
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	Miami, FL 33125		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUCKER, JOHN			NAME	Sheldon Roy		
STREET ADDRESS	1700 NW N RIVER DR #102			STREET ADDRESS	1700 NW North River Dr. #201		
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	Miami, FL 33125		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEWIS, MARK			NAME	Ann Stetser		
STREET ADDRESS	1700 NW N RIVER DR, # 1003			STREET ADDRESS	1700 NW N. River Dr #1007		
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	Miami, FL 33125		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STETSER, ANN			NAME	Daddy Gonzalez		
STREET ADDRESS	1700 NW N RIVER DR 1007			STREET ADDRESS	1700 NW N. River Dr. #907		
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	Miami, FL 33125		
TITLE	D	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STETSER, CHRISTOPHER			NAME	Stephanie Walz		
STREET ADDRESS	1700 NW N RIVER DR, # 1006			STREET ADDRESS	1700 NW N River Dr. 808		
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	Miami, FL 33125		
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 the empowered.							
SIGNATURE: _____				2/12/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			