

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90536 029 ****61.25

DOCUMENT # 756828

1. Entity Name

RIVER RUN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**12394 S.W. 82 AVE
MIAMI FL 33156
US**

Mailing Address

~~THE FOSTER COMPANY~~
**PO BOX 565820
MIAMI FL 33256-5820
US**

2. Principal Place of Business

3. Mailing Address

MIAMI MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14275 SW 142 AV

City & State

City & State

MIAMI, FL 33186

Zip

Country

Zip

33186

Country

USA

4. FEI Number **59-2169930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SCOTT, FOSTER J.~~
~~12394 S.W. 82 AVE.~~
~~MIAMI FL 33156~~

7. Name and Address of New Registered Agent

Name **CARLOS A. TRAY, ESP**
Street Address (R.O. Box Number is Not Acceptable)
10510 NW 27 Street
#103
City **Miami** FL Zip Code **33171**

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRIGGS, RICHARD	
STREET ADDRESS	1700 NW NORTH RIVER DRIVE, #701	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VIDAL, MAURO	
STREET ADDRESS	1700 NW NORTH RIVER DRIVE, #806	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAYBORN, CHRIS	
STREET ADDRESS	1700 N.W. N RIVER DRIVE, #805	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MERCADO, KARLA	
STREET ADDRESS	1700 NW N RIVER DR #206	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard V. Alsina	# 903
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geoffrey Ranson	#803
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dean Heyne	#505
STREET ADDRESS	1700 NW North River Dr	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

Richard V. Alsina 1/10/02 305-975-7342

CR2E037 (10/02)