

FILE NOW: FILING FEE AFTER MAY 1ST IS

FILED
Apr 30 1998 8:00am
Secretary of State

NON PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 756963 (5)

1. Corporation Name
RIVER RUN YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business c/o The Foster Company 12394 SW 82 Avenue Miami, Florida 33156	Mailing Address c/o The Foster Company 12394 SW 82 Avenue Miami, Florida 33156
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/26/1981

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
23. Zip	25. Country	28. Zip	30. Country

4. FEI Number
59-2218930

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

**Scott, Foster J.
 12394 SW 82 Avenue
 Miami, FL 33156**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Foster J. Scott, CPM** DATE **4-22-98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Tony Dewell	
STREET ADDRESS	801 N Venetian Dr #908	
CITY-STATE-ZIP	Miami Bch, FL 33139	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Dean Heyne	
STREET ADDRESS	1700 NW N River Dr #505	
CITY-STATE-ZIP	Miami, FL 33125	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Lynn Bohnert	
STREET ADDRESS	1700 NW N River Dr #307	
CITY-STATE-ZIP	Miami, FL 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

70000250756
-05/01/98--01044--024
*****61.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lynn Bohnert** DATE: **4/24/98** DAY: **305/324** HOUR: **4007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR