

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 24, 2000 8:00 am
Secretary of State

02-04-2000 90005 035 ****61.25

DOCUMENT # 756963
 1. Entity Name
RIVER RUN YACHT CLUB CONDOMINIUM ASSOCIATION, IN

Principal Place of Business C/O THE FOSTER COMPANY 12394 S.W. 82 AVENUE MIAMI FL 33156	Mailing Address C/O THE FOSTER COMPANY PO BOX 565820 MIAMI FL 33256-5820
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2218930	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FOSTER, SCOTT J
12394 S.W. 82 AVENUE
MIAMI FL 33156

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEES IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWELL, TONY 801 VENETIAN DRIVE #908 MIAMI BEACH FL 33139 <i>Pres.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEYNE, DEAN 1700 N.W. N. RIVER DRIVE #505 MIAMI FL 33125 <i>SEC TREAS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOHNERT, LYNN 1700 N.W. N. RIVER DRIVE #307 MIAMI FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RICHARD B. BIGGS 1700 N.W. N. RIVER DRIVE MIAMI FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George A. Dewell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **George A Dewell** Date **0/13/00** Daytime Phone #

CR2E037 (9/99)