

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:17

DOCUMENT # 765500 (4)
1. Corporation Name
VILLAS AT RIVER RUN CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
OXBOW DRIVE P. O. BOX 1012 LABELLE FL 33905 **OXBOW DRIVE P. O. BOX 1012 LABELLE FL 33905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/21/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2459665** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**ROWLEE, WAYNE E.
88 S. MAIN ST.; P.O. BOX 666
LABELLE FL 33935**

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 _____ (NOTE: Registered Agent signature returned when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'NEILL, JAMES
STREET ADDRESS	OXBOW DR. APT. B-202
CITY - ST - ZIP	LABELLE FL
TITLE	PO
NAME	QUAYLE, ROSE
STREET ADDRESS	OXBOW DR. APT. A-204
CITY - ST - ZIP	LABELLE FL
TITLE	SED
NAME	PERRY, CATHERNE
STREET ADDRESS	OXBOW DR. APTC-204
CITY - ST - ZIP	LABELLE FL
TITLE	VPD
NAME	MCKEE, KEN
STREET ADDRESS	OXBOW DR. APT. B204
CITY - ST - ZIP	LABELLE FL
TITLE	TRED
NAME	TORNABENE, ANGELO
STREET ADDRESS	OXBOW DR. APT D202
CITY - ST - ZIP	LABELLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUNSON, JACK
1.3 STREET ADDRESS	OXBOW DR. APT. A-102
1.4 CITY - ST - ZIP	LABELLE, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	TRED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KOWATCH, JACK
5.3 STREET ADDRESS	OXBOW DR., APT. A-202
5.4 CITY - ST - ZIP	LABELLE, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosella Markovic-Quayle* 1-3-95 (813) 675-0779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)