

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 19963-19-96		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765500 *B-2471 (4) C*

1. Corporation Name
VILLAS AT RIVER RUN COMDOMINIUM ASSOCIATION, INC



Principal Place of Business OXBOW DRIVE P. O. BOX 1812 LABELLE FL 33935	Mailing Address OXBOW DRIVE P. O. BOX 1812 LABELLE FL 33935
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3. Date Incorporated or Qualified 10/21/1982	3a. Date of Last Report 04/14/1995
4. FEI Number 59-2459665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNSON, JACK	
STREET ADDRESS	OXBOW DR. APT A-102	
CITY-ST-ZIP	LABELLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUAYLE, ROSE	
STREET ADDRESS	OXBOW DR. APT. A-204	
CITY-ST-ZIP	LABELLE FL	
TITLE	SED	<input type="checkbox"/> DELETE
NAME	PERRY, CATHERINE	
STREET ADDRESS	OXBOW DR. APTC-204	
CITY-ST-ZIP	LABELLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, KEN	
STREET ADDRESS	OXBOW DR. APT. B204	
CITY-ST-ZIP	LABELLE FL	
TITLE	TRED	<input type="checkbox"/> DELETE
NAME	KOWATCH, JACK	
STREET ADDRESS	OXBOW DR APT A-202	
CITY-ST-ZIP	LABELLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD
4.3 STREET ADDRESS	DONALDSON, DON
4.4 CITY-ST-ZIP	1 OXBOW DR. - APT. C-103 LABELLE, FL 33935
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosella Quayle* *President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)