

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90222 001 ***150.00

DOCUMENT # 765500

1. Entity Name

VILLAS AT RIVER RUN COMDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

**OXBOW DRIVE
 P. O. BOX 1812
 LABELLE FL 33935**

**OXBOW DRIVE
 P. O. BOX 1812
 LABELLE FL 33975-1812**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2459665

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROWLEE, WAYNE E.~~
~~88 S. MAIN ST., P.O. BOX 688~~
~~LABELLE FL 33935~~

BARBARA N. WILLARD
P.O. BOX 2298
(381 SR 80 W)
LABELLE FL 33935

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

Barbara N. Willard

5/1/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
 NAME **DUBOIS, JOHN**
 STREET ADDRESS **OXBOW DR APT A**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **QUAYLE, ROSE**
 STREET ADDRESS **OXBOW DR. APT. A-204**
 CITY-ST-ZIP **LABELLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SED** Delete
 NAME **TRIPP, LINDA**
 STREET ADDRESS **OXBOW DR., #C-204**
 CITY-ST-ZIP **LABELLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **DONALDSON, DON**
 STREET ADDRESS **1 OXBOW DR APT C103**
 CITY-ST-ZIP **LABELLE FL**

TITLE Change Addition
 NAME **ANGELO TORNABENE**
 STREET ADDRESS **100 OXBOW DR. #D-202**
 CITY-ST-ZIP **LA BELLE FL 33935**

TITLE **TRED** Delete
 NAME **KOWATCH, JACK**
 STREET ADDRESS **OXBOW DR APT A-202**
 CITY-ST-ZIP **LABELLE FL**

TITLE Change Addition
 NAME **CONNIE COOK**
 STREET ADDRESS **100 OXBOW DR. # D-102**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** Delete
 NAME **CAMERON, G**
 STREET ADDRESS **OXBOW DR, APT B-104**
 CITY-ST-ZIP **LABELLE FL**

TITLE Change 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:

Barbara N. Willard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

863-675-4996

Daytime Phone #

CFR2E037 (9/99)