

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90069 015 \*\*\*\*61.25

**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 33935

2. Principal Place of Business

**100 OXBOW DR.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**33975-1812**

**33975-1812**

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 666  
 LABELLE FL 33935~~

Name

**BARBARA WILLARD**

Street Address (P.O. Box Number is Not Acceptable)

**381 SR 80 W (PO Box 2298)**

City

**LA BELLE**

**FL**

Zip Code

**33975-2298**

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 J. Willard*

**4/26/01**

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	<input type="checkbox"/> Delete
NAME	DUBOIS, JOHN	
STREET ADDRESS	OXBOW DR APT A	
CITY-ST-ZIP	LABELLE FL 33935	
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	TRIPP, LINDA	
STREET ADDRESS	OXBOW DR., #C-204	
CITY-ST-ZIP	LABELLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, DON	
STREET ADDRESS	1 OXBOW DR APT C103	
CITY-ST-ZIP	LABELLE FL	
TITLE	TRED	<input checked="" type="checkbox"/> Delete
NAME	KOWATCH, JACK	
STREET ADDRESS	OXBOW DR APT A-202	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, G	
STREET ADDRESS	OXBOW DR, APT B-104	
CITY-ST-ZIP	LABELLE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 OXBOW DR. # A-104	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 OXBOW DR. # A-204	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 OXBOW DR. # C-204	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T/D CONNIE COOK	
STREET ADDRESS	100 OXBOW DR. #D-102	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ANGELO TORNABENE	
STREET ADDRESS	100 OXBOW DR. #D-202	
CITY-ST-ZIP	LABELLE, FL 33935	

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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

Date

**863-675-0779**

Daytime Phone #

CR2E037 (10/00)