

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90054 044 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 765500

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

Principal Place of Business 100 OXBOW DRIVE LABELLE FL 33975-1812	Mailing Address 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	4. FEI Number 59-2459665	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLARD, BARBARA
 381 SR 80 WEST
 PO BOX 2298
 LABELLE FL 33975-2298**

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

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	
TITLE VPD Delete <input type="checkbox"/>	NAME DUBOIS, JOHN STREET ADDRESS 100 OXBOW DR #A-104 CITY-ST-ZIP LABELLE FL 33935
TITLE PD Delete <input type="checkbox"/>	NAME QUAYLE, ROSE STREET ADDRESS 100 OXBOW DR #A-204 CITY-ST-ZIP LABELLE FL 33935
TITLE SED Delete <input type="checkbox"/>	NAME TRIPP, LINDA STREET ADDRESS 100 OXBOW DR #C-204 CITY-ST-ZIP LABELLE FL 33935
TITLE TD Delete <input type="checkbox"/>	NAME COOK, CONNIE STREET ADDRESS 100 OXBOW DR #D-102 CITY-ST-ZIP LABELLE FL 33935
TITLE D Delete <input type="checkbox"/>	NAME TORNABENE, ANGELO STREET ADDRESS 100 OXBOW DR #D-202 CITY-ST-ZIP LABELLE FL 33935
TITLE Delete <input type="checkbox"/>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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]* **4/30/02** **1675-1523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)