


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 765500 1. Entity Name VILLAS AT RIVER RUN COMDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 100 OXBOW DRIVE LABELLE, FL 33975-1812	Mailing Address P. O. BOX 1812 LABELLE, FL 33975-1812
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2459665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUBOIS, JOHN 100 OXBOW DR #A-104 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUAYLE, ROSE 100 OXBOW DR #A-204 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREHLOW, STEPHEN 100 OXBOW DR #B-202 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, CONNIE 100 OXBOW DR #D-102 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORNABENE, ANGELO 100 OXBOW DR #D-202 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/25/05-60001-017 61.25

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: Roelle Quayle Date: 3/22/05 Daytime Phone #: 863-675-4996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR