


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90015 015 ****61.25

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		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLARD, BARBARA 381 SR 80 WEST PO BOX 2298 LABELLE, FL 33975-2298				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOIS, JOHN			NAME	Don Bisek
STREET ADDRESS	100 OXBOW DR #A-104			STREET ADDRESS	100 Oxbow Dr. # B-201
CITY-ST-ZIP	LABELLE, FL 33935			CITY-ST-ZIP	La Belle, FL 33935
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	QUAYLE, ROSE			NAME	
STREET ADDRESS	100 OXBOW DR #A-204			STREET ADDRESS	
CITY-ST-ZIP	LABELLE, FL 33935			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	STREHLOW, STEPHEN			NAME	
STREET ADDRESS	100 OXBOW DR #B-202			STREET ADDRESS	
CITY-ST-ZIP	LABELLE, FL 33935			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	COOK, CONNIE			NAME	
STREET ADDRESS	100 OXBOW DR #D-102			STREET ADDRESS	
CITY-ST-ZIP	LABELLE, FL 33935			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	TORNABENE, ANGELO			NAME	
STREET ADDRESS	100 OXBOW DR #D-202			STREET ADDRESS	
CITY-ST-ZIP	LABELLE, FL 33935			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rosella Quayle</i>		Date: 01/31/06		Daytime Phone #: 863-675-4996	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	