


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 02, 2007 8:00 am
Secretary of State

03-14-2007 90036 016 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2459665	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <i>Rosella Quayle</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <input checked="" type="checkbox"/>	
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOIS, JOHN		NAME	TYNER, JAMES	
STREET ADDRESS	100 OXBOW DR #A-104		STREET ADDRESS	100 OXBOW DR #A 202	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	LABELLE FL 33935	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISEK, DON		NAME		
STREET ADDRESS	100 OXBOW DR, #B201		STREET ADDRESS		
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>		3/30/07		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	