



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 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



01182008 No Chg-NP CR2E037 (4/06)

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, 2008

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 TYNER, JAMES 100 OXBOW DR #A 202 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 BISEK, DON 100 OXBOW DR, #B201 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	

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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: Barbara M. Willard, Mgr. 1/18/08 863-675-0779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #