

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765500

FILED  
Mar 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

100 OXBOW DRIVE  
LABELLE, FL 339751812

**New Principal Place of Business:**

1033 VILLA DR.  
LABELLE, FL 33935

**Current Mailing Address:**

P. O. BOX 1812  
LABELLE, FL 339751812

**New Mailing Address:**

FEI Number: 59-2459665      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLARD, BARBARA  
381 SR 80 WEST  
PO BOX 2298  
LABELLE, FL 339752298 US

**Name and Address of New Registered Agent:**

WILLARD, BARBARA  
381 SR 80 WEST  
LABELLE, FL 33935 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/19/2009

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: TYNER, JAMES  
Address: 100 OXBOW DR #A 202  
City-St-Zip: LABELLE, FL 33935

Title: PD ( ) Delete  
Name: QUAYLE, ROSE,  
Address: 100 OXBOW DR #A-204  
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete  
Name: BISEK, DON  
Address: 100 OXBOW DR, #B201  
City-St-Zip: LABELLE, FL 33935

Title: TD ( ) Delete  
Name: COOK, CONNIE  
Address: 100 OXBOW DR #D-102  
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete  
Name: TORNABENE, ANGELO  
Address: 100 OXBOW DR #D-202  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: TYNER, JAMES  
Address: 1033 VILLA DRIVE #A-202  
City-St-Zip: LABELLE, FL 33935

Title: PD (X) Change ( ) Addition  
Name: QUAYLE, ROSE  
Address: 1033 VILLA DR #A-204  
City-St-Zip: LABELLE, FL 33935

Title: D (X) Change ( ) Addition  
Name: BISEK, DON  
Address: 1069 VILLA DR #B-201  
City-St-Zip: LABELLE, FL 33935

Title: TD (X) Change ( ) Addition  
Name: COOK, CONNIE  
Address: 1070 VILLA DR #D-102  
City-St-Zip: LABELLE, FL 33935

Title: D (X) Change ( ) Addition  
Name: TORNABENE, ANGELO  
Address: 1070 VILLA DR #D-202  
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE QUAYLE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

03/19/2009

\_\_\_\_\_  
Date