

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90002 039 \*\*\*\*61.25

**DOCUMENT # N02000004153**

1. Entity Name  
**RIVER RUN HOMEOWNER'S ASSOCIATION INC.**



Principal Place of Business: 209 NE 8TH AVE, OKEECHOBEE FL 34972  
 Mailing Address: 209 NE 8TH AVE, OKEECHOBEE FL 34972

**54068662**



MOORE CR2E037 (4/04)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **NO-T APPLICABLE**  
 Applied For:  Not Applicable:

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BOST, BRENDA**  
**209 NE 8TH AVE.**  
**OKEECHOBEE FL 34972-4506**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PD	<input type="checkbox"/> Delete
NAME	BOST, BRENDA	
STREET ADDRESS	209 NE 8TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCLEOD, CAROL A	
STREET ADDRESS	205 NE 8TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MICHAELS, MIKE	
STREET ADDRESS	301 NE 8TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KIRSCH, PAT	
STREET ADDRESS	106 NE 8TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VELAINE KOEING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	107 NE 8TH AVE	
STREET ADDRESS	OKEECHOBEE, FL 34972	
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK RYAN	
STREET ADDRESS	105 NE 8TH AVE	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY SEARRA	
STREET ADDRESS	513 NE 10TH AVE	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Brenda Bost President Date: 8-16-04 Daytime Phone #: 863-467-8029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR