

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90132 042 \*\*\*\*61.25

DOCUMENT # N02000004153

1. Entity Name

RIVER RUN HOMEOWNER'S ASSOCIATION INC.



Principal Place of Business

210 NE 8TH AVE.  
OKEECHOBEE FL 34974

Mailing Address

210 NE 8TH AVE.  
OKEECHOBEE FL 34974

2. Principal Place of Business

209 NE 8TH. AVE.

3. Mailing Address

209 NE 8th. AVE

Suite, Apt #, etc.  
OKEECHOBEE, Florida

Suite, Apt #, etc.  
OKEECHOBEE, FL

City & State  
34972

City & State  
34972

4. FEI Number

Applied For  
 Not Applicable

Zip Country  
OKEECHOBEE

Zip Country  
34974 OKEECHOBEE

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CONRAD, BRUCE  
210 NE 8TH AVE.  
OKEECHOBEE FL-34974

7. Name and Address of New Registered Agent

Name BOST, BRENDA  
Street Address (P.O. Box Number is Not Acceptable)  
209 NE 8TH. AVE.  
City OKEECHOBEE FL Zip Code 34972-4506

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 BRENDA BOST

*Brenda Bost*

1-8-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CONRAD, BRUCE	
STREET ADDRESS	210 NE 8TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VD	<input 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	BOST, BRENDA A	
STREET ADDRESS	209 NE 8TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	SD	<input 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOST, BRENDA	
STREET ADDRESS	209 NE 8TH. AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAELS, MIKE	
STREET ADDRESS	301 NE 8TH. 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 *Brenda Bost* P 1-8-03 772-466-6660

CR2E037 (10/02)