

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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CORPORATION
ANNUAL REPORT
1995



SECRETARY OF STATE
STATE HOUSE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # **N06415** (6)

59-2164986

RIVER RUN CONDOMINIUM ASSOCIATION OF HERNANDO COUNTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business 147 BELCHER RD STE - 2 LARGO FL 34641 US		28. Mailing Address 147 BELCHER RD STE - 2 LARGO FL 34641 US		3. Date first reported or qualified 11/30/1984	3a. Date of Last Report 05/01/1994
22. State, Apt. # or City & State		27. State, Apt. # or City & State		4. File Number 59-2164986	Applied For Not Applicable
23. City & State		26. City & State		5. Months of State Delinquent <input type="checkbox"/>	\$8.75 Additional Fee Required
24. City & State		25. City & State		6. Has total of previous reports and fees been paid? <input type="checkbox"/>	\$5.00 May Be Added to Fees
29. City & State		30. City & State		7. Nonpayment with delinquency tax Last reported status: <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
24. City & State		25. City & State		8. This corporation is liable for ad valorem tax under 1993 D.C. Code, Section 19-101 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BUXTON, BRIAN P BUXTON PROPERTIES INC. 301 BELCHER RD N.E. -- LARGO FL 34641				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address, P.O. Box Number or Not Applicable	147 Belcher Rd. No., Suite @		
				83. City			
				84. City	LARGO, FL	85. Zip Code 34641	

11. I, the undersigned, the president of the corporation, certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE: *B.P. Buxton* Date: **4/18/95**

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS																																				
<table border="1"> <tr> <td>NAME</td> <td>SD ALMONY 6542 RIVER RUN BLVD SPRING HILL FL</td> <td>OFFICE</td> <td></td> </tr> <tr> <td>NAME</td> <td>D BUPPERT, IRVIN 6612 RIVER RUN BLVD SPRING HILL FL</td> <td>OFFICE</td> <td>Vice President <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>D BRADY, MARY ELLEN 6419 RIVER LODGE LANE SPRING HILL FL</td> <td>OFFICE</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>D ROGERS, STEPHEN J 79 BRAMBACH RD SCARSDALE NY</td> <td>OFFICE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>PD MARSH, ANN 6480 RIVER LODGE LN SPRING HILL FL</td> <td>OFFICE</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>VPD GAMMARATA, GENEVIEVE 6492 RIVER RUN BLVD SPRING HILL FL</td> <td>OFFICE</td> <td><input type="checkbox"/></td> </tr> </table>	NAME	SD ALMONY 6542 RIVER RUN BLVD SPRING HILL FL	OFFICE		NAME	D BUPPERT, IRVIN 6612 RIVER RUN BLVD SPRING HILL FL	OFFICE	Vice President <input checked="" type="checkbox"/>	NAME	D BRADY, MARY ELLEN 6419 RIVER LODGE LANE SPRING HILL FL	OFFICE	<input checked="" type="checkbox"/>	NAME	D ROGERS, STEPHEN J 79 BRAMBACH RD SCARSDALE NY	OFFICE	<input type="checkbox"/>	NAME	PD MARSH, ANN 6480 RIVER LODGE LN SPRING HILL FL	OFFICE	<input checked="" type="checkbox"/>	NAME	VPD GAMMARATA, GENEVIEVE 6492 RIVER RUN BLVD SPRING HILL FL	OFFICE	<input type="checkbox"/>	<table border="1"> <tr> <td>NAME</td> <td>PD VINCENT SPALLINO 6602 RIVER RUN BLVD. SPRING HILL, FL.</td> <td>OFFICE</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>TD RAY SMOUSE 6472 RIVER RUN BLVD. SPRING HILL, FL.</td> <td>OFFICE</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>D RALPH FIORE 6462 RIVER RUN BLVD. SPRING HILL, FL.</td> <td>OFFICE</td> <td><input type="checkbox"/></td> </tr> </table>	NAME	PD VINCENT SPALLINO 6602 RIVER RUN BLVD. SPRING HILL, FL.	OFFICE	<input checked="" type="checkbox"/>	NAME	TD RAY SMOUSE 6472 RIVER RUN BLVD. SPRING HILL, FL.	OFFICE	<input checked="" type="checkbox"/>	NAME	D RALPH FIORE 6462 RIVER RUN BLVD. SPRING HILL, FL.	OFFICE	<input type="checkbox"/>
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14. I, the undersigned, certify that this information supplied with this report is voluntarily furnished and does not qualify for the exemption status of Section 1993 D.C. Code, Florida Statutes. I further certify that the information included in this report is a true and correct statement of the facts and circumstances as they exist and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered broker/registered agent as defined in Chapter 19, Florida Statutes, and that my name appears on Block 1 of the Block 1 of the report. I am an officer or director of the corporation.

SIGNATURE: *Vincent Spallino* President **4/18/95 (904) 597-2386**

N06415

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RIVER RUN CONDOMINIUM ASSN. OF HERNANDO COUNTY, INC.

FEI NUMBER 59-2464986

OFFICERS & DIRECTORS:

#13

D.
JOE ST. CLAIR
6410 RIVER RUN BLVD.
SPRING HILL, FL.