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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06415 (6)

1. Corporation Name

RIVER RUN CONDOMINIUM ASSOCIATION OF HERNANDO COUNTY, INC.



Principal Place of Business

Mailing Address

147 BELCHER RD
STE - 2
LARGO FL 34641
US

147 BELCHER RD
STE - 2
LARGO FL 33771
US

3. Date Incorporated or Qualified
11/30/1984

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

33771

25

29

33771

30

4. FEI Number
59-2464986

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUXTON, BRIAN P
147 BELCHER ROAD
SUITE 2
LARGO FL 34641

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALMONY	
STREET ADDRESS	6542 RIVER RUN BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUPPERT, IRVIN	
STREET ADDRESS	6612 RIVER RUN BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SWAUGER, LEROY	
STREET ADDRESS	6512 RIVR LODGE LANE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, STEPHEN J	
STREET ADDRESS	79 BRAMBACH RD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMOUSE, RAY	
STREET ADDRESS	6472 RIVER RUN BLVD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIORE, RALPH	
STREET ADDRESS	6462 RIVER RUN BLVD.	
CITY-ST-ZIP	SPRING HILL FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY ELLEN BRADY	
1.3 STREET ADDRESS	6413 RIVER LODGE LANE	
1.4 CITY-ST-ZIP	SPRING HILL, FL 34607	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DONALD DONOHUE	
2.3 STREET ADDRESS	6703 RIVER RUN BLVD	
2.4 CITY-ST-ZIP	SPRING HILL, FL 34607	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GENEVIEVE CAMMARATA	
3.3 STREET ADDRESS	6492 RIVER RUN BLVD	
3.4 CITY-ST-ZIP	SPRING HILL, FL 34607	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRANK JANKOWSKI	
5.3 STREET ADDRESS	6430 RIVER RUN BLVD	
5.4 CITY-ST-ZIP	SPRING HILL, FL 34607	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Genevieve M Cammarata* GENEVIEVE CAMMARATA 1/30/97 352-597-4917

CR2E037 (9/96)