


FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 CO UNTY, INC.

Principal Place of Business 147 BELCHER RD STE - 2 LARGO FL 33771 US	Mailing Address 147 BELCHER RD STE - 2 LARGO FL 33771 US
--	--

3. Date Incorporated or Qualified
11/30/1984

4. FEI Number
59-2464986

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, MARY ELLEN	
STREET ADDRESS	6413 RIVER LODGE LN	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONAHUE, DONALD	
STREET ADDRESS	8703 RIVER RUN BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GENEVIEVE, CAMMARATA	
STREET ADDRESS	6482 RIVER RUN BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, STEPHEN J	
STREET ADDRESS	79 BRAMBACH RD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JANKOWSKI, FRANK	
STREET ADDRESS	6430 RIVER RUN BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FIGLIO, RALPH	
STREET ADDRESS	6462 RIVER RUN BLVD.	
CITY-ST-ZIP	SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IRV BUPPERT	
1.3 STREET ADDRESS	6612 RIVER RUN BLVD	
1.4 CITY-ST-ZIP	SPRING HILL, FL 34607	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOLUM SYLVIA	
2.3 STREET ADDRESS	6440 RIVER RUN BLVD	
2.4 CITY-ST-ZIP	SPRING HILL, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VINCENT SPALLINO	
4.3 STREET ADDRESS	6602 RIVER RUN BLVD	
4.4 CITY-ST-ZIP	SPRING HILL, FL 34607	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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** 4/27/98 532-597-4917

CR2E037 (10/97)