


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90010 024 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06415**

1. Corporation Name  
**RIVER RUN CONDOMINIUM ASSOCIATION OF HERNANDO COUNTY, 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/30/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2464986 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME RUPPERT, IRV STREET ADDRESS 6612 RIVER RUN BLVD CITY-ST-ZIP SPRING HILL FL 34607	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE V NAME DONAHUE, DONALD STREET ADDRESS 6703 RIVER RUN BLVD CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME VINNY SPALLINO 2.3 STREET ADDRESS 6602 RIVER RUN BLVD 2.4 CITY-ST-ZIP SPRING HILL, FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE P NAME GENEVIEVE, CAMMARATA STREET ADDRESS 6492 RIVER RUN BLVD CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME SAM TORNELLO 3.3 STREET ADDRESS 7062 RIVER RUN BLVD 3.4 CITY-ST-ZIP SPRING HILL, FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE D NAME SPALLINO, V STREET ADDRESS 6602 RIVER RUN BLVD CITY-ST-ZIP SPRING HILL FL 34607	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE TD NAME JANKOWSKI, FRANK STREET ADDRESS 6430 RIVER RUN BLVD CITY-ST-ZIP SPRING HILL FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME SYLVIA SOLUM 5.3 STREET ADDRESS 6440 RIVER RUN BLVD 5.4 CITY-ST-ZIP SPRING HILL, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE VD NAME FIORE, RALPH STREET ADDRESS 6462 RIVER RUN BLVD CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME MARY ELLEN BRADY 6.3 STREET ADDRESS 6413 RIVER LODGE LANE 6.4 CITY-ST-ZIP SPRING HILL, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addit

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2-27-99 362-596-970  
 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_