2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06415

1. Entity Name

RIVER RUN CONDOMINIUM ASSOCIATION OF HERNANDO CO

			<u> </u>					
Principal Place of B	usiness	Mailing Address						
147 BELCHER RD STE - 2 LARGO FL 33771 US		147 BELCHER RD STE - 2 LARGO FL 33771 US						
2. Principal Place o	f Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State	 ,	City & State						
Zip	Country	Zip	Country					
6.	Name and Address of Cu	rrent Registered Agent						
		 -	Name					

FILED May 07, 2000 8:00 am Secretary of State

05-07-2000 90001 012 ****61.25



Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State		City	City & State			4. FEI Numbe		oer				Applied For	r	
									464986			Not Applica	able	
Zip		Country	Zip Cour			untry	5. Certificate of Status Desired				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent								7. Name an	d Addres	s of New	Registered	Agent		
						Name								ľ
						Street Address (P.O. Box Number is Not Acceptable)								
BUXTON, BRIAN P														
147 BELCHER ROAD														
SUITE 2 LARGO FL 34641					City	***				FL	Zip C	ode		
						1						•		
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. SIGNATURE 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.					Make Check Payable to d to Fees Department of State						
10.		OFFICERS AND	DIRECTORS	<u> </u>	11.			ADDITIONS/C	HANGES	TO OFFIC	ERS AND D	RECTORS	IN 10	
	D	·		⊠ Delete	TITLE	E	D					Chang	je 🔲 Addi	lition g
NAME	RUPPERT, II	RV		•	NAM	ΙE	SEE	ENEY, F	FRAN) <u>k </u>	A 1			9
				II -	ET ADDRESS	66.	51 RI	VEN	eun	ping				
CITY-ST-ZIP	SPRING HIL	L FL 34607			CITY	-ST-ZIP	SP	Rin6	<u> </u>	<u>, FL</u>	<u> 3460</u>			
TITLE	٧	•		☐ Delete	TITU		·	•		•		Chang	je 🔲 Addi	ition } C
	SPALLINO,				NAM		1							ł
DOOK INVENTION DEAD			EET ADDRESS '- ST- ZIP		•	_		معودها م ^{عو} د است			ĺ			
	DENING TIL	L FL 346U/		☑ Delete	TITL		P					Chang	je 🗌 Addi	lition
TITLE NAME	TODNELLO	ŠAM		Delete	NAM		I T	or an	וגם י			E Onding	C	
	TOTALEEO, ONE			ET ADDRESS	646	2 RIVE	o e	20 B1	امرا					
	SPRING HIL				CITY	-ST-ZIP	SPR	RE RA 2 RIVE LING HI	11.	FL 3	4607			
TITLE	D		-	☑ Delete	TITLE	Ε.	7	- · · · · <u></u>		,		⊠ Chang	je 🔲 Addi	lition
NAME	SPALLINO, 1	/		,.	NAM	IE .	JAN	SKOWS O RIVI	KI,	FRAI	nk			
STREET ADDRESS	6602 RIVER	RUN BLVD				EET ADDRESS	643	O KIN	er 1	zun.	-BING	_		
CITY-ST-ZIP	SPRING HIL	L FL 34607		 	CITY	'-ST-ZIP	500	LING H	<u>u(1, </u>	<u> </u>	3460	<u>1</u>		
	TD			🚂 Delete	TITLI		<u>S</u> .					🗷 Chang	ge 🔲 Add	lition
	SOLUM, SY				NAM	EET ADDRESS	CAM	MARA	TA,	EN	E VIEV	E,		
	6440 RIVER				•	-ST-ZIP	500	2196 H	VER	والالا	n B1. 34607	/d		
-	SPRING HIL	L FL 3400/		■ Delete	TITLE		D	1116 H	114	<u> </u>	JOUL	☐ Chang	je Z Addi	lition
TITLE I	ibrady, mai	DV ELLEN	•••	Delete .	NAM			esan,	EDM	and			ינוטראיי <u>ן אי</u>	
		LODGE LANE				ET ADDRESS	642	w Riv	er 1	ud 6	of LN	ſ		
	SPRING HIL					-ST-ZIP	SPO	line t	$\{111$	FL	3460	7		
	TO THE	L 1 L 0700/					<u> </u>					327 II . I Ali		

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