

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-18-2001 90010 021 ****61.25

DOCUMENT # N06415
 1. Entity Name
RIVER RUN CONDOMINIUM ASSOCIATION OF HERNANDO CO

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2464986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUXTON, BRIAN P 147 BELCHER ROAD, N. SUITE 2 LARGO FL 34641		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEENEY, FRANK 6651 RIVER RUN BLVD SPRING HILL FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPALLINO, VINNY 6602 RIVER RUN BLVD SPRING HILL FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIORE, RALPH 6462 RIVER RUN BLVD SPRING HILL FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JANKOWSKI, FRANK 6430 RIVER RUN BLVD SPRING HILL FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMMARATA, GENEVIEVE 7000 RIVER RUN BLVD SPRING HILL FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSAN, EDMOND 6422 RIVER LODGE LANE SPRING HILL FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* As Agent **3/26/01** **727/538-0034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

FROM : RIVER RUN

FAX NO. : 3525974731

May. 03 2001 10:30AM P2

May-03-01 09:54A

(727) 531-1490

P.02

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06415
 1. Entry Name
RIVER RUN CONDOMINIUM ASSOCIATION OF HERNANDO CO

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

7. FEI Number Applied For
59-2464986 Not Applicable

9. Certification of Status Period \$8.75 Additional Fee Required

Attachment Doc#
 N06415 #4164



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

B. 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 or established name and title if applicable. (NOTE: Registered Agent signature is required when necessary) DATE

FILE NOW: FEE IS \$61.25 B. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SEENEY, FRANK 6651 RIVER RUN BLVD SPRING HILL FL 34607	TITLE	Clayton T. Dodge 6452 River Run Blvd. Spring Hill, FL 34607
NAME	V SPALLING, MINNY 6802 RIVER RUN BLVD SPRING HILL FL 34607	NAME	Stacie Mauro 7002 River Run Blvd. Spring Hill, FL 34607
STREET ADDRESS	P ROSE, RALPH 6482 RIVER RUN BLVD SPRING HILL FL 34607	STREET ADDRESS	Jonathan Hawthorn 6572 River Run Blvd. Spring Hill, FL 34607
CITY-ST-ZIP	T JANKOWSKI, FRANK 6430 RIVER RUN BLVD SPRING HILL FL 34607	CITY-ST-ZIP	Sylvia Solum 6440 River Run Blvd. Spring Hill, FL 34607
CITY-ST-ZIP	S CAMMARATA, GENEVIEVE 7000 RIVER RUN BLVD SPRING HILL FL 34607	CITY-ST-ZIP	Kevin Giguere 6681 River Run Blvd. Spring Hill, FL 34607
CITY-ST-ZIP	D MARSAN, EDMOND 8422 RIVER LODGE LANE SPRING HILL FL 34607	CITY-ST-ZIP	Dick Malott 6680 River Run Blvd. Spring Hill, FL 34607

PRES
 V.P.
 TRES.
 SEC.
 Director
 Director

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 its parent or in case empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment, with an address, with all other like information.

SIGNATURE: *Clayton T. Dodge* 3/26/01 727/538-0084
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer's Phone #
Clayton T. Dodge 5/3/01 President