


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90094 050 ****61.25

DOCUMENT # N06415			
1. Entity Name RIVER RUN CONDOMINIUM ASSOCIATION OF HERNANDO COUNTY, INC.			
Principal Place of Business 6565 RIVER LODGE LANE SPRING HILL FL 34607 US		Mailing Address C/O OLIVER & COMPANY, PA 4084 COMMERCIAL WAY SPRING HILL FL 34606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PATTERSON, O. CLINTON JR C/O OLIVER & COMPANY, PA 4084 COMMERCIAL WAY SPRING HILL FL 34606		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when replacing)			
FILE NOW: FEE IS \$61.25 ✓ Due By: May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMENECH, WILLIAM	NAME	
STREET ADDRESS	6610 RIVER RUN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANTS, TIM	NAME	
STREET ADDRESS	6611 RIVER RUN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMENECH, BILL	NAME	
STREET ADDRESS	6610 RIVER RUN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, PAT	NAME	
STREET ADDRESS	6612 RIVERRUN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHY, GABY	NAME	
STREET ADDRESS	6432 RIVERRUN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, LOIS	NAME	
STREET ADDRESS	7012 RIVERRUN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2464986** Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 