

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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



01312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2464986	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, O. CLINTON JR
 C/O OLIVER & COMPANY, PA
 4084 COMMERCIAL WAY
 SPRING HILL, FL 34606

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2007

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

UD0000624074
 02/14/07-80018-001 61.25

10 OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REDMILE, HORACE 6471 RIVER LODGE LANE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMENECH, WILLIAM 6610 RIVER RUN BLVD SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHY, GABY 6432 RIVER RUN BLVD SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *William Domenech*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07 *352-596-0153*
 Date Daytime Phone #