

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90043 032 ****61.25

DOCUMENT # N06415
 1. Entity Name
RIVER RUN CONDOMINIUM ASSOCIATION OF HERNANDO COUNTY, INC.



Principal Place of Business Mailing Address
6565 RIVER LODGE LANE C/O OLIVER & COMPANY, PA
SPRING HILL FL 34607 4084 COMMERCIAL WAY
US SPRING HILL FL 34606



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2464986** Applied For
 No: Applicable
 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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REDMILE, HORACE	
STREET ADDRESS	6471 RIVER LODGE LANE	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DOMENECH, WILLIAM	
STREET ADDRESS	6610 RIVER RUN BLVD	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ASHY, GABY	
STREET ADDRESS	6432 RIVER RUN BLVD	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Domenech	
STREET ADDRESS	6610 RIVER RUN BLVD.	
CITY-ST-ZIP	SPRING HILL, FL. 34607	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT DANKOFF	
STREET ADDRESS	6522 RIVER LODGE LN	
CITY-ST-ZIP	SPRING HILL, FL. 34607	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEW GRIFFIN	
STREET ADDRESS	7100 RIVER RUN BLVD	
CITY-ST-ZIP	SPRING HILL, FL. 34607	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORACE REDMILE	
STREET ADDRESS	6471 RIVER LODGE LN.	
CITY-ST-ZIP	SPRING HILL, FL. 34607	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ART BAYER	
STREET ADDRESS	6451 RIVER LODGE LN.	
CITY-ST-ZIP	SPRING HILL, FL. 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: William Domenech **3-27-08** **352-592-6639**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR