2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am Secretary of State

Principal Place of Business \$855 RIVER LODGE LANE \$PRING HILL R. 34611 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address of Now Registered Agent FRANKLIN, JOHN J City FRANKLIN, JOHN J 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 acc the obligations of registered agent. SIGNATURE Signature, typed or primod name of registered agent and 150 of applications. R. Election Campaign Financing Trust Fund Contribution. Make Check Payable to Florida Department of State	DOCUMENT # NO64 I. Entity Name RIVER RUN CONDOMINIUM ASSOUNTY, INC.				-17-2003 90673 (
SPRING HILL FL 34601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Country Zip Country S. Certificate of Status Desired Sequired Agent Norme and Address of New Registered Agent Norme FRANKLIN, JOHN J COMPANY, LLC 1920 COUNTRES BLVD Street Address of New Registered Agent Norme BrookSVILLE FL 34601 Street Address of Pour Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Norme FRANKLIN, JOHN J COMPANY, LLC 1920 COUNTRES BLVD Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 acceptable stophical page of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable stophical page of the purpose of changing its registered Agent appature required when reinvalating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to	Principal Place of Business	Mailing Address	<u>-</u>	7			
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State City & State A. FEI Number 59-2464986 Applied For Not Address of Current Registered Agent See Required	5565 RIVER LODGE LANE SPRING HILL FL 34607	POST OFFICE BOX 5807		1 1881WB4 BH BBH18	IMM CIER FORE SIE BYRT BIET	1 212 () 1122(2)	8/4 6 /8 44 (8 6 4
City & State Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent Name FRANKLIN, JOHN J C/O FRANKLIN & COMPANY, LLC 19201 CORTEZ BLVD BROOKSVILLE FL 34601 City FL Zip Code S. 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 acc the obligations of registered agent. Signature Signature Signature typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent aignature required when rehutating) DATE Make Check Payable to	2. Principal Place of Business	3. Mailing Address	g Address				
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Nort Applic 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 acceptable of registered agent. Signature Speak 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. Election Campaign Financing \$5.00 May Be Make Check Payable to	Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	CHE	ECK HERE IF MAKING	CHANGES	
5. Name and Address of Current Registered Agent FRANKLIN, JOHN J C/O FRANKLIN & COMPANY, LLC 19201 CORTEZ BLVD BROOKSVILLE FL 34601 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 acc the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be Make Check Payable to	City & State	City & State	State		59F2464986		oplied For
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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 acc the obtigations of registered agent. 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. Election Campaign Financing \$5.00 May Be Make Check Payable to	C/O FRANKLIN & COMPANY, LLC 19201 CORTEZ BLVD					e	
FILE NUM: FEE IS 301.23	the obligations of registered agent.				·	miliar with,	and accept
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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		D DIRECTORS 11	1.	ADDITIONS/CHANGES T	O OFFICERS AND DIRE	CTORS IN	
MAME SPALLINO, VINCENT STREET ADDRESS STREET ADDRES	SPALLINO, VINCENT FREET ADDRESS 6602 RIVER RUN BLVD	NA ST	AME IREET ADDRESS TIV-ST-7IP Mist	3 River Run Bl	lvđ.	Changa	Addition Addition
Spring Hill, FL 34607	SPRING FILL PL SHOU		Spr	ing Hill, FL 3	34607	Change	Addition

GIANNESCHI, JAN NAME STREET ADDRESS 6630 RIVER RUN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP = SPRING HILL FL 34607 T_d_) Delete -Change — 🖸 Addition BUPPERT, IRVIN NAME NAME STREET ADDRESS STREET ADDRESS 6612 RIVER RUN BLVD CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 Addition TITLE TITLE ☐ Change Delete S (L) NAME SOLUM, SYLVIA NAME Sam Tornello STREET ADDRESS STREET ADDRESS 6640 RIVER RUN BLVD 7062 River Run Blvd. CITY-ST-ZIP CITY-ST-7/P SPRING HILL FL 34607 Spring Hill, FL 34607 MLE TILLE ☐ Change Addition Delete VP 🖅 NAME MALOTT, RICHARD MAME Bill Domenech STREET ADDRESS STREET ADDRESS 6680 RIVER RUN BLVD 6610 River Run Blvd. CITY-ST-ZIP CITY-ST-ZIP <u>Spring Hill Fl 34607</u> Spring Hill, FL 34607 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: 14/16/25 GTANNES THE CHARLE OF SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNANG OFFICER OR DIRECTOR