


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

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

03-17-2003 90673 038 \*\*\*\*61.25

<b>DOCUMENT # N06415</b>							
1. Entity Name <b>RIVER RUN CONDOMINIUM ASSOCIATION OF HERNANDO COUNTY, INC.</b>							
Principal Place of Business <b>6565 RIVER LODGE LANE SPRING HILL FL 34607 US</b>			Mailing Address <b>POST OFFICE BOX 5807 SPRING HILL FL 34611</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-2464986</b>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>FRANKLIN, JOHN J C/O FRANKLIN &amp; COMPANY, LLC 19201 CORTEZ BLVD BROOKSVILLE FL 34601</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 reinstating) DATE _____							
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make Check Payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>SPALLINO, VINCENT</b>		NAME	<b>Mistretta, Frank</b>			
STREET ADDRESS	<b>6602 RIVER RUN BLVD</b>		STREET ADDRESS	<b>6703 River Run Blvd.</b>			
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>		CITY-ST-ZIP	<b>Spring Hill, FL 34607</b>			
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GIANNESCHI, JAN</b>		NAME				
STREET ADDRESS	<b>8630 RIVER RUN BLVD</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>		CITY-ST-ZIP				
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BUSSERT, IRVIN</b>		NAME				
STREET ADDRESS	<b>6612 RIVER RUN BLVD</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>		CITY-ST-ZIP				
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>SOLUM, SYLVIA</b>		NAME	<b>Sam Tornello</b>			
STREET ADDRESS	<b>6640 RIVER RUN BLVD</b>		STREET ADDRESS	<b>7062 River Run Blvd.</b>			
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>		CITY-ST-ZIP	<b>Spring Hill, FL 34607</b>			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>MALOTT, RICHARD</b>		NAME	<b>Bill Domenech</b>			
STREET ADDRESS	<b>6680 RIVER RUN BLVD</b>		STREET ADDRESS	<b>6610 River Run Blvd.</b>			
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>		CITY-ST-ZIP	<b>Spring Hill, FL 34607</b>			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>JANICE GIANNESCHI</b> <i>Janice Gianneschi</i> 3-6-03 352-597-0116							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

CR2E037 (10/02)