

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12635 (1)**
1. Corporation Name
RIVER RUN OF MIRAMAR HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
C/O CONDO ACCOUNTING, INC. STE 146 PEMBROKE PINES FL 33024 US **% CPMCP ACCTG INC 9000 SHERIDAN ST STE 146 PEMBROKE PINES FL 33024 US**

3. Date Incorporated or Qualified **12/18/1985** 3a. Date of Last Report **04/12/1995**
4. FEI Number **59-3641776** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CONDO ACCOUNTING, INC
9000 SHERIDAN ST
STE 146
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRER, MANUEL	1.2 NAME	
STREET ADDRESS	9751 GLACIER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDIN, SHERRY	2.2 NAME	
STREET ADDRESS	9821 ENCINO CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DEBORAH	3.2 NAME	
STREET ADDRESS	3260 CRYSTAL WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33025	3.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBY, KELLY L	4.2 NAME	
STREET ADDRESS	3091 ENSENADA WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNICELLA, GEORGEANN	5.2 NAME	
STREET ADDRESS	9590 CORONA ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	5.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, SALLIE	6.2 NAME	
STREET ADDRESS	2740 HURON WAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Georgeann K. Carnicella 1-24-96 437-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)