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Jan 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: C/O CONDO ACCOUNTING, INC. STE 146 PEMBROKE PINES FL 33024 US
Mailing Address: % CPMCP ACCTG INC 9000 SHERIDAN ST STE 146 PEMBROKE PINES FL 33024-8801 US

3. Date Incorporated or Qualified: 12/18/1985
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

4. FEI Number: 59-3641776
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields.

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 reinstating) DATE: _____

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include Manuel Ferrer, Sherry Abdin, Deborah Alexander, Georgeann Carnicella, and Sallie Stephens.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Includes handwritten entry for Gedage Pedlar.

14. I do 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 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: [Handwritten Signature] PRESIDENT Jan 9-9954 437-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0023808

CR2E037 (9/96)