


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		CONDO ACCOUNTING, INC. % CRMCP ACCTG INC 9000 SHERIDAN ST STE 146 PEMBROKE PINES FL 33024 US CONDO ACCOUNTING INC	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	12/18/1985
4. FEI Number	59-3641776
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABDIN, SHERRY	
STREET ADDRESS	9821 ENCINO CT	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, DEBORAH	
STREET ADDRESS	3260 CRYSTAL WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARNICELLA, GEORGEANN	
STREET ADDRESS	9590 CORONA ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEPHENS, SALLIE	
STREET ADDRESS	2740 HURON WAY	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PEDLAR, GEORGE	
STREET ADDRESS	3210 CRYSTAL WAY	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VD HARRIS, DARWIN
6.3 STREET ADDRESS	3190 CRYSTAL WAY
6.4 CITY-ST-ZIP	MIRAMAR FL 33025

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **SIGNATURE REQUIRED** _____ **JAN 10** 945-967-0040

CR2E037 (10/97)