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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12635**

1. Corporation Name  
**RIVER RUN OF MIRAMAR HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business <del>C/O CONDO ACCOUNTING, INC.</del> STE 146 PEMBROKE PINES FL 33024 US	Mailing Address <del>CONDO ACCOUNTING, INC.</del> 9000 SHERIDAN ST STE 146 PEMBROKE PINES FL 33024 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/18/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. <b>LANDMARK MANAGEMENT SERVICES, INC.</b>	4. FEI Number 1803641776 Applied For Not Applicable
City & State 23	City <b>9000 SHERIDAN STREET SUITE 134</b> <b>PEMBROKE PINES, FL 33024-8801</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	29
Country 25	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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 **LANDMARK MANAGEMENT SERVICES, INC.**  
84 City **9000 SHERIDAN STREET SUITE 134 FL** 85 Zip Code  
**PEMBROKE PINES FL 33024-8801**

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 *Katherine Harris* DATE **2/25/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<del>PD</del> <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> DELETE
NAME	<b>ABDIN, SHERRY</b>
STREET ADDRESS	<b>9821 ENCINO CT</b>
CITY-ST-ZIP	<b>MIRAMAR FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> DELETE
NAME	<b>ALEXANDER, DEBORAH</b>
STREET ADDRESS	<b>3260 CRYSTAL WAY</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>CARNICELLA, GEORGEANN</del>
STREET ADDRESS	<del>9590 CORONA ST</del>
CITY-ST-ZIP	<del>MIRAMAR FL</del>
TITLE	<del>FD</del> <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> DELETE
NAME	<b>STEPHENS, SALLIE</b>
STREET ADDRESS	<b>2740 HURON WAY</b>
CITY-ST-ZIP	<b>MIRAMAR FL</b>
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>DARWIN HARRIS</del>
STREET ADDRESS	<del>3190 CRYSTAL WAY</del>
CITY-ST-ZIP	<del>MIRAMAR FL 33025</del>
TITLE	<del>PD</del> <b>D</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> DELETE
NAME	<b>JAMES BYRD</b>
STREET ADDRESS	<b>3061 CRYSTAL WAY</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D PRINCE, SMITH</b>
1.3 STREET ADDRESS	<b>9711 ENCINO DRIVE</b>
1.4 CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>
2.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>TD GEORGE PEDLAR</b>
3.3 STREET ADDRESS	<b>3210 CRYSTAL WAY</b>
3.4 CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D CARL PEARSON</b>
4.3 STREET ADDRESS	<b>3030 PACIFIC WAY</b>
4.4 CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D BERT KEDROE</b>
5.3 STREET ADDRESS	<b>3261 CRYSTAL WAY</b>
5.4 CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>PD JANICE GALLMON</b>
6.3 STREET ADDRESS	<b>3090 WINDWARD WAY</b>
6.4 CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>

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. 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)