

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90119 016 ****61.25

DOCUMENT # N12635

1. Entity Name

RIVER RUN OF MIRAMAR HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O LANDMARK MANAGEMENT SERVICES, INC.
 9000 SHERIDAN STREET, SUITE 134
 PEMBROKE PINES FL 33024-8801
 US

12323 SW 55TH STREET
 STE 1002
 COOPER CITY FL 33330
 US

00040700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3641776

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDMARK MANAGEMENT SERVICES, INC.
 12323 SW 55TH STREET
 STE 1002
 COOPER CITY FL 33330

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** Delete
 NAME: **ABDIN, SHERRY**
 STREET ADDRESS: **9821 ENCINO CT**
 CITY-ST-ZIP: **MIRAMAR FL**

TITLE: **SD** Change Addition
 NAME: **Nelson-Walker, Charmine**
 STREET ADDRESS: **3190 Crystal way**
 CITY-ST-ZIP: **MIRAMAR, FL 33025**

TITLE: **SD** Delete
 NAME: **ALEXANDER, DEBORAH**
 STREET ADDRESS: **3260 CRYSTAL WAY**
 CITY-ST-ZIP: **MIRAMAR FL 33025**

TITLE: **PD** Change Addition
 NAME: **Alexander Deborah.**
 STREET ADDRESS: **3260 Crystal way**
 CITY-ST-ZIP: **MIRAMAR, FL 33025**

TITLE: **TD** Delete
 NAME: **PEDLAR, GEORGE**
 STREET ADDRESS: **3210 CRYSTAL WAY**
 CITY-ST-ZIP: **MIRAMAR FL 33025**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **STEPHENS, SALLIE**
 STREET ADDRESS: **2740 HURON WAY**
 CITY-ST-ZIP: **MIRAMAR FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **KEDROE, BERT**
 STREET ADDRESS: **3261 CRYSTAL WAY**
 CITY-ST-ZIP: **MIRAMAR FL 33025**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PD** Delete
 NAME: **GALLMON, JANICE**
 STREET ADDRESS: **3090 WINDWARD WAY**
 CITY-ST-ZIP: **MIRAMAR FL 33025**

TITLE: **VD** Change Addition
 NAME: **Gallmon, Janic**
 STREET ADDRESS: **3090 Windward way**
 CITY-ST-ZIP: **MIRAMAR, FL 33025.**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)