## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 13, 2002 8:00 am Secretary of State **DOCUMENT # N12635** 1. Entity Name RIVER RUN OF MIRAMAR HOMEOWNERS ASSOCIATION, INC -13-2002 90099 021 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O LANDMARK MANAGEMENT SERVICES. INC. **12323 SW 55TH STREET** 9000 SHERIDAN STREET, SUITE 134 STE 1002 PEMBROKE PINES FL 33024-8801 COOPER CITY FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3641776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANDMARK MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 12323 SW 55TH STREET STE 1002 COOPER CITY FL 33330 Zip Code FL 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 4-29-03 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SECRETARY DIRECTOR TITLE Delete TITLE Change (9/01)☐ Addition NAME abdin, Sherry NAME 9821 ENCINO'CT STREET ADDRESS 9821 ENCINO CT STREET ADDRESS CITY-ST-ZIP MIRAMAR FL MIRAMAR, FL. 33025 CITY-ST-ZIP Proside / Directors Delete TITLE Change ☐ Addition ALEXANDER, DEBORAL NAME ALEXANDER, DEBORAH NAME 3260 CAYSTAL WAY STREET ADDRESS 3260 CRYSTAL WAY STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 Mi<u>r</u>ama<u>r</u> Fl<u> 330</u>25 CITY-ST-7IP TITLE תד Dierctor /TRASSROR ☐ Delete TITLE Change ☐ Addition NAME PEDLAR, GEORGE PROLAR, GADRAT NAME STREET ADDRESS 3210 CRYSTAL WAY 3210 crystal Way STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 MIRAMAR, FL. 33025 CITY-ST-ZIP TITLE Director / VP. Stephans, Sallie Delete TITLE ☐ Change Addition NAME STEPHENS, SALLIE NAME STREET ADDRESS 2740 HURON WAY 2740 HURON WAY STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33025 THOMESTA DIRECTOR GUZMAN ISMAEL MIRAMAR FL CITY-ST-ZIP TITLE D Delete TITLE Addition ☐ Change Kedroe, Bert NAME 9530 Atlantic Street STREET ADDRESS 3261 CRYSTAL WAY STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 MIRAMAR, FC. 33025 CITY-ST-ZIP TITLE ☐ Delete ME PRESIDENT, DIRECTOR TITLE Addition NAME GALLMON, JANICE NAME GAllmon , JANICE STREET ADDRESS 3090 WINDWARD WAY STREET ADDRESS 3090 WINDWARD WAY CITY-ST-7IP MIRAMAR FL 33025 CITY-ST-ZIP MIRAMAR, FL. 33025 12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered