
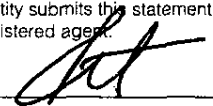
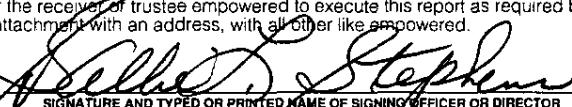


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90257 039 \*\*\*\*61.25

<b>DOCUMENT # N12635</b>			
1. Entity Name RIVER RUN OF MIRAMAR HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O CASTLE MANAGEMENT, INC. 4450 W.SUNRISE BLVD., STE C-1 PLANTATION FL 33318-8801 US		Mailing Address PO BOX 189013 PLANTATION FL 33318 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City		City & State	
Zip		Country	
4. FEI Number 59-3641776		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTLE MANAGEMENT, INC. 4450 W. SUNRISE BLVD., STE C-100 PLANTATION FL 33313		7. Name and Address of New Registered Agent Name: <b>MARTIN &amp; BENNIS, P.A.</b> Street Address (P.O. Box Number is Not Acceptable): <b>ROBERT C. MARTIN, ESQ.</b> <b>319 S.E. 14th ST.</b> City: <b>Ft. Lauderdale</b> FL Zip Code: <b>33316</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		Robert C. MARTIN, ESQ. 4-26-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABDIN, SHERRY 9821 ENCINO CT MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, YVONNE 3200 PACIFIC WAY MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER-SIMMS, GINGER 3260 CRYSTAL WAY MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEDROE, BERT 3261 CRYSTALWAY MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PEDLAR, GEORGE 3210 CRYSTAL WAY MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEARY, YVETTE M. 9571 HUDSON STREET MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEPHENS, SALLIE 2740 HURON WAY MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ISMAEL 7530 ATLANTIC STREET MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9530 ATLANTIC STREET MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLMON, JANICE 3090 WINDWARD WAY MIRAMAR FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NELSON-WALKER, CHARMAINE 3190 CRYSTAL WAY 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: 		04/22/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	