

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

River Run of Miramar

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90003 023 ****61.25

DOCUMENT # N12635
 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
C/O CASTLE GROUP
 Suite, Apt. #, etc.

3. Mailing Address
C/O CASTLE GROUP
 Suite, Apt. #, etc.

City & State
**12270 SW 3RD STREET
 PLANTATION, FL**

City & State
**P.O. BOX 550009
 FT. LAUDERDALE, FL**

Zip
33325


Country

Zip
33355-9000

Country

6. Name and Address of Current Registered Agent
**MARTIN, ROBERT C ESQ.
 MARTIN & BENNIS, P.A.
 319 SE 14TH ST.
 FORT LAUDERDALE, FL 33316**

50053539



03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3641776

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

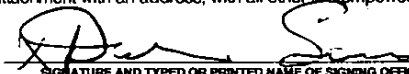
Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

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 KEDROE, BERT A. 3261 CRYSTAL 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	VPD SIMMS, DEBORAH (GINGER) <input type="checkbox"/> Change <input 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 BAILEY, YVONNE 3260 PACIFIC WAY MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS, SALLIE 2740 HURON WAY MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ISMAEL 9530 ATLANTIC ST. MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON-WALKER, CHARMAINE 3190 CRYSTAL WAY MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC LEARY, YVETTE M. 9571 HUDSON STREET MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **5/18/05** **954 801-2822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #