2-3-95 D-871-C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:44

DOCUMENT # 756828 (0)

1. Corporation Name
RIVER RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12398 S.W. 82 AVE. MIAMI FL 33156	12398 S.W. 82 AVE. MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1981	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2169930	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT, FOSTER J. ~~12370~~ SW 82ND AVE. 12398 MIAMI FL 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BLANCO, COMILLO	1.2 NAME	
STREET ADDRESS	1522 SAN RAFAEL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	DONNA MASON ☒ Change ☐ Addition
NAME	~~KING, ROBERT~~	2.2 NAME	SEC/TREAS.
STREET ADDRESS	~~1700 NW N. RIVER DR.~~	2.3 STREET ADDRESS	1700 NW N. RIVER DRIVE
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	#102 MIAMI FL 33125
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, ROBIN	3.2 NAME	
STREET ADDRESS	1700 NW NORTH RIVER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	SINNAMON, JOHN	4.2 NAME	
STREET ADDRESS	1700 NW NORTH RIVER DR.#804	4.3 STREET ADDRESS	VICE PRES
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DOWNMAN, MONTE	5.2 NAME	
STREET ADDRESS	1700 NW NORTH RIVER DR.#506	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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.

SIGNATURE: _____ V.P. 1-30-95 2547278
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

00043278