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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # 756963 (5)

1. Corporation Name

RIVER RUN YACHT CLUB CONDOMINIUM ASSOCIATION, INC.
C.

Principal Place of Business

Mailing Address

1700 NW NORTH RIVER DR.
BOX 99
MIAMI FL 33125

1700 NW NORTH RIVER DR.
BOX 99
MIAMI FL 33125

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THEEN, DUNIA G.
D. MANAGEMENT, INC.
2001 NW 7 ST. #203
MIAMI FL 33135

81 Name
SUSAN BAKALAR, ESQ.

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

1152 N. UNIVERSITY DRIVE

83 SUITE 201

84 City

PENBROKE PINES,

FL

85 Zip Code

33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE

Susan P. Bakalar

Susan P. Bakalar, Esquire

3/14/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME THEEN, HERMAN J
STREET ADDRESS 1700 NW NO. RIVER DR. #806
CITY-ST-ZIP MIAMI FL 33125

☐ DELETE

TITLE VPD
NAME KING, ROBERT A
STREET ADDRESS 1700 NW NO. RIVER DR. #203
CITY-ST-ZIP MIAMI FL 33125

☐ DELETE

TITLE D
NAME BARQUIN, RITA
STREET ADDRESS 1700 NW NO. RIVER DR. #906
CITY-ST-ZIP MIAMI FL 33125

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

VP/D
WILLIAM HEGGMAN
1700 NW N. RIVER DR. #105
MIAMI, FL. 33125

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

S/D
GEORGE DEWEL
1700 NW N. RIVER DR. #908
MIAMI, FL. 33125

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TREASURER/DYON
MICHAEL HAMMON
1700 NW N. RIVER DRIVE #1
MIAMI, FL. 33125

☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-96 (305) 460-9900

CR2E037 (12/95)