

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90423 003 ****61.25

DOCUMENT # 756963

1. Entity Name

RIVER RUN YACHT CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O THE FOSTER COMPANY
12396 SW 82 AVENUE
MIAMI FL 33156
US

Mailing Address

C/O MIAMI MANAGEMENT
14275 SW 142 AVENUE
MIAMI FL 33186

2. Principal Place of Business

MIAMI MANAGEMENT
Suite, Apt. #, etc.
14275 SW 142 Ave

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

MIAMI

Zip

33186

Country

US

4. FEI Number

59-2218930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRODY, CARLOS A ESQ
105 TU NW 27 STREET
#103
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: TRIAD, CARLOS ESQ
Street Address (P.O. Box Number is Not Acceptable)
10570 NW 27 ST #103
City: MIAMI FL 33178

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

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEWELL, TONY	
STREET ADDRESS	801 VENETIAN DRIVE #908	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALSINA, RICANAL	
STREET ADDRESS	1700 NW N RIVER DR	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRIGGS, RICHARD	
STREET ADDRESS	1700 NW N RIVER DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, GEOGGREY	
STREET ADDRESS	1700 NW N RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ASHENOFF, RICHARD	
STREET ADDRESS	11500 SW 32 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMME, DEAN	
STREET ADDRESS	1700 NW N RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, GEOFFREY	
STREET ADDRESS	1700 NW N RIVER DR #	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALSINA, RICARDO	
STREET ADDRESS	1700 NW N RIVER DR #903	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL QUINTANA	
STREET ADDRESS	1700 NW N RIVER DR	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASHENOFF, RICHARD	
STREET ADDRESS	11500 SW 32 STREET	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWELL, TONY	
STREET ADDRESS	801 VENETIAN DR #908	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYNE, DEAN	
STREET ADDRESS	1700 NW N RIVER DR	
CITY-ST-ZIP	MIAMI, FL 33125	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

54048046

DOCUMENT # 756963 1. Entity Name RIVER RUN YACHT CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O THE FOSTER COMPANY 12396 SW 82 AVENUE MIAMI, FL 33156 US		Mailing Address C/O MIAMI MANAGEMENT 14275 SW 142 AVENUE MIAMI, FL 33186	
2. Principal Place of Business MIAMI MANAGEMENT Suite, Apt. #, etc. 14275 SW 142 Ave		3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.	
City, State MIAMI		City & State MIAMI	
Zip 33186		Country MIAMI-Dade	
4. FEI Number 50 2218930		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 TRODY, CARLOS A ESQ 105 TU NW 27 STREET #103 MIAMI, FL 33172		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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 PD NAME DEWELL, TONY STREET ADDRESS 801 VENETIAN DRIVE #908 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VICTOR FAORO 9821 SW 20 STREET MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ALSINA, RICANAL 1700 NW N RIVER DR MIAMI, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP- BRIGGS, RICHARD 1700 NW N RIVER DR MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ASHENOFF, RICHARD 11500 SW 32 STREET MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HEMME, DEAN 1700 NW N RIVER DRIVE MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			