

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90135 020 ****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 THE FOSTER COMPANY
PO BOX 565820
MIAMI FL 33256-5820**

2. Principal Place of Business

3. Mailing Address

**MIAMI MANAGEMENT
14275 SW 142 AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33186

Zip

Country

33186

Country

USA

4. FEI Number **59-2218930**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FOSTER, SCOTT J
12396 SW 82 AVENUE
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **CARLOS A. TROST, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
**10570 NW 27 ST
#103**
City **MIAMI** FL Zip Code **33172**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

FILE NOW: FEE IS \$61.25

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 type="checkbox"/> Delete
NAME	DEWELL, TONY	
STREET ADDRESS	801 VENETIAN DRIVE #908	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRIGGS, RICHARD	
STREET ADDRESS	1700 NW N RIVER DR	
CITY-ST-ZIP	MIAMI FL 33126	
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 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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICANAB V. ALSINA	
STREET ADDRESS	1700 N.W. N. RIVER DR.	
CITY-ST-ZIP	MIAMI, FL. 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

DECEASED

1/7/03

CR2E037 (10/02)