

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765500

**FILED**  
**Apr 14, 2021**  
**Secretary of State**  
**6835575475CC**

**Entity Name:** VILLAS AT RIVER RUN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1064 VILLA DR  
C201  
LABELLE, FL 33935

**Current Mailing Address:**

P. O. BOX 1812  
LABELLE, FL 33975-1812

**FEI Number:** 59-2459665

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLARD, BARBARA  
381 SR 80 WEST  
LABELLE, FL 33935 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           MCCANN, KEN  
Address        317 GRASSY KNOB RD  
City-State-Zip: UNION GROVE NC 28689

Title           VP  
Name           HAVEN, BOB  
Address        1064 VILLA DRIVE  
                  C201  
City-State-Zip: LABELLE FL 33935

Title           SECRETARY  
Name           CURTIS, EMILY  
Address        1069 VILLA DR  
                  B204  
City-State-Zip: LABELLE FL 33935

Title           TREASURER  
Name           JONES, ELINOR J  
Address        1064 VILLA DR  
                  C101  
City-State-Zip: LABELLE FL 33935

Title           DIRECTOR  
Name           HOWARD, CAROL  
Address        PO 2797  
City-State-Zip: LABELLE FL 33935

Title           DIRECTOR  
Name           FLETCHER, KATIE  
Address        1070 VILLA DR D204  
City-State-Zip: LABELLE FL 33935

Title           DIRECTOR  
Name           HOLLINGSWORTH, JOHN  
Address        1070 VILLA DR D102  
City-State-Zip: LABELLE FL 33935

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEN MCCANN

P

04/14/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date