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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741433**

1. Corporation Name
RIVER RUN HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
406 WEKIVA RAPIDS DRIVE ALTAMONTE SPRINGS FL 32714	406 WEKIVA RAPIDS DRIVE ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	2a. Mailing Address
21 NICOLE PAPIN	26 NICOLE PAPIN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 400 SHADY BANKS	27 400 SHADY BANKS
City & State	City & State
23 ALTAMONTE SPRINGS	28 ALTAMONTE SPRINGS
Zip / Country	Zip / Country
24 32714 25 USA	29 32714 30 USA

3. Date Incorporated or Qualifed: 01/24/1978

4. FEI Number: 59-2084474 ☐ Applied For ☑ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ZIMMERMAN, TODD N
406 WEKIVA RAPIDS DRIVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: JAMES RAPA (PRESIDENT)
82 Street Address (P.O. Box Number is Not Acceptable): 914 GREAT BEND ROAD
83
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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 617.0503, Florida Statutes.

SIGNATURE: James Rapa — 13 JAN 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAPA, JIM 914 GREAT BEND ROAD ALTAMAONTE SPRINGS FL 32714	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP SANDY SAVERS 911 GREAT BND RD. ALTAMONTE SPRINGS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVERS, SANDY 911 GREAT BEND ROAD ALTAMAONTE SPRINGS FL 32714	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	MS NICOLE PAPIN 400 SHADY BANKS ALTAMONTE SPRINGS	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTTON, JOHNNY 409 WEKIVA RAPIDS RD ALTAMONTE SPRINGS FL 32714	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	BT BETH HOTZ 913 GREAT BND RD. ALTAMONTE SPRINGS	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZIMMERMAN, TODD N 406 WEKIVA RAPIDS DRIVE ALTAMONTE SPRINGS FL 32714	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D DAVID HOTZ 913 GREAT BND RD. ALTAMONTE SPRINGS	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOTZ, R. DAVID 913 GREAT BEND ROAD ALTAMONTE SPRINGS FL 32714	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Johnny Cotton 409 WEKAVA RAPIDS ALTAMONTE SPRINGS	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D EDDIE EGAS 908 LITTLE BND ALTAMONTE SPRINGS	☐ Change ☑ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 13 Jan 99 — 407 682-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #