## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2002 8:00 am **DOCUMENT # 741433** 1. Entity Name **Secretary of State** RIVER RUN HOMEOWNER'S ASSOCIATION, INC. 02-11-2002 90065 025 \*\*\*\*61.25 Principal Place of Business Mailing Address ELIZABETH ANN HOT Z ELIZABETH ANN HOT Z 913 GREAT BEND ROAD 913 GREAT BEND ROAD ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address 907 WHITEWATER CT. 907 WHITEWATER CT. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-2084474 Not Applicable TAMOUTE \$8.75 Additional 5. Certificate of Status Desired Z Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent じってこ Street Address (P.O. Box Number is Not Acceptable) HOTZ, DAVID R 913 GREAT BEND ROAD WHITE WATERS COURT ALTAMONTE SPRINGS FL 32714 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. SIGNATURE egistered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. (9/01)Change Addition 🔊 Delete TITLE TITLE VANI. JOHN J. 907 WHITEWATER NAME HOTZ, DAVID R NAME CR2E037 STREET ADDRESS STREET ADDRESS 913 GREAT BEND RD CITY-ST-7IP CITY-ST-ZIP ALTAMONTE SPRINGS. ALTAMONTE SPRINGS FL 32714 Delete Change Addition Addition TITLE TITLE MARTIN, BILL NAME VANI, JOHN NAME 907 WHITE WATER CT STREET ADDRESS STREET ADDRESS 87 LITTLE BEND ROAD CITY-ST-ZIP .CITY\_ST\_ZIP\_\_ **ALTAMONTE SPRINGS FL 32714** - Change ZZ Delete TITLE Addition HOTZ, ELIZABETH A NAME NAME STREET ADDRESS 913 GREAT BEND RD STREET ADDRESS 907 WHITEWATER COURT ALTAMONTE SPUNGS. FL CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 TITLE ☐ Delete TITLE Change Addition PAPIN, NICOLE NAME NAME STREET ADDRESS 400 SHADY BANKS STREET ADDRESS CITY-ST-7IP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE EIERDAM, LES NAME NAME 416 WEKIVA RAPIDS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE COTTON, JOHNNY NAME NAME STREET ADDRESS **409 WEKAVA RAPIDS** STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** 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 in

SIGNATURE: STATEMENT OF PLICED JOHN J. VANI 01/23/02 401-774-7726

changed, or on an attachment will