2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# 741433

Entity Name: RIVER RUN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

406 SHADY BANKS RD.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 161166
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-2084474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, LISA M
406 SHADY BANKS RD.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ADAMS, LISA M	
Address:	406 SHADY BANKS RD.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	VP	( ) Delete
Name:	KENNEDY, HEATHER L	
Address:	904 DELTA CT.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	S	( ) Delete
Name:	MELINDA, HAZELTON L	
Address:	902 DELTA CT.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	T	( ) Delete
Name:	DALTON, DONNA	
Address:	906 DELTA CT.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	(X) Delete
Name:	POWE, LEWIS	
Address:	905 LITTLE BEND ROAD	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	(X) Delete
Name:	SZABO, MILDRED	
Address:	888 LITTLE BEND ROAD	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONNA DALTON T 02/03/2009
Electronic Signature of Signing Officer or Director — Date