

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 765500

1. Entity Name
**VILLAS AT RIVER RUN COMDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**100 OXBOW DRIVE
LABELLE, FL 33975-1812**

Mailing Address
**P. O. BOX 1812
LABELLE, FL 33975-1812**

DO NOT WRITE IN THIS SPACE



03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2459665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLARD, BARBARA
381 SR 80 WEST
PO BOX 2298
LABELLE, FL 33975-2298**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
DUBOIS, JOHN
100 OXBOW DR #A-104
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
QUAYLE, ROSE
100 OXBOW DR #A-204
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
STREHLOW, STEPHEN
100 OXBOW DR #B-202
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
COOK, CONNIE
100 OXBOW DR #D-102
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
TORNABENE, ANGELO
100 OXBOW DR #D-202
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/25/05-60001-017 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/22/05 1863-675-4996
Date Daytime Phone #