

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90208 049 \*\*\*\*61.25

**DOCUMENT # N01637**

1. Entity Name  
RIVER RUN OF SEBASTIAN CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
2001 9TH AVE  
308  
VERO BEACH, FL 32960 US

Mailing Address  
2001 9TH AVE  
308  
VERO BEACH, FL 32960 US

40037376



2. Principal Place of Business - No P.O. Box #  
333 17th St.

3. Mailing Address  
333 17th St.

Suite, Apt., etc.  
Suite 2-L

Suite, Apt., etc.  
Suite 2-L

City & State  
Vero Beach, FL

City & State  
Vero Beach, FL

Zip  
32960

Country  
USA

Zip  
32960

Country  
USA

02192008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

MILLER, WILLIAM F  
2001 9TH AVE  
SUITE 308  
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name  
Alan P. Romano

Street Address (P.O. Box Number is Not Acceptable)  
c/o A.P. Choice Mgmt. Inc.

333 17th St., Suite 2-L

City  
Vero Beach

FL

Zip Code  
32960

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, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUN, JOSEPH 6503 RIVER RUN DRIVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURKE, JAY 6011 RIVER RUN DRIVE SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Marco, Richard 6522 River Run Dr. Sebastian, FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, MICHAEL 5944 RIVER RUN DRIVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, ROY 6144 RIVER RUN DRIVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANPHIER, KAREN 6280 RIVER RUN DRIVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Karen D. Lanphier Karen D. Lanphier 2.28.08

Date Daytime Phone #

772-987-9244