

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90002 039 ****61.25

DOCUMENT # N02000004153

1. Entity Name

RIVER RUN HOMEOWNER'S ASSOCIATION INC.



Principal Place of Business

209 NE 8TH AVE
OKEECHOBEE FL 34972

Mailing Address

209 NE 8TH AVE
OKEECHOBEE FL 34972

54068662



MOORE

CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BOST, BRENDA
209 NE 8TH AVE.
OKEECHOBEE FL 34972-4506

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

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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 PD ☐ Delete
NAME BOST, BRENDA
STREET ADDRESS 209 NE 8TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME MCLEOD, CAROL A
STREET ADDRESS 205 NE 8TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☒ Change ☐ Addition
NAME VELVINE KOEING
STREET ADDRESS 107 NE 8TH AVE
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE TD ☒ Delete
NAME MICHAELS, MIKE
STREET ADDRESS 301 NE 8TH AVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Change ☐ Addition
NAME TREASURE
STREET ADDRESS FRANK RYAN
CITY-ST-ZIP 105 NE 8TH AVE
OKEECHOBEE, FL 34972

TITLE SD ☒ Delete
NAME KIRSCH, PAT
STREET ADDRESS 106 NE 8TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS JEFFREY SEARRA
CITY-ST-ZIP 513 NE 10TH AVE
OKEECHOBEE, FL 34972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda Bost President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-04 863-467-8029
Date Daytime Phone #