

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90132 042 \*\*\*\*61.25

DOCUMENT # N02000004153

1. Entity Name

RIVER RUN HOMEOWNER'S ASSOCIATION INC.



Principal Place of Business

210 NE 8TH AVE.  
OKEECHOBEE FL 34974

Mailing Address

210 NE 8TH AVE.  
OKEECHOBEE FL 34974

2. Principal Place of Business

209 NE 8TH. AVE.

3. Mailing Address

209 NE 8th. AVE

City, Apt. #, etc.  
OKEECHOBEE, Florida

City, Apt. #, etc.  
OKEECHOBEE, FL

City & State  
34972

City & State  
34972

Zip

Country

OKEECHOBEE

Zip

Country

OKEECHOBEE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONRAD, BRUCE  
210 NE 8TH AVE.  
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name  
BOST, BRENDA

Street Address (P.O. Box Number is Not Acceptable)  
209 NE 8TH. AVE.

City  
OKEECHOBEE

FL Zip Code  
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 *BRENDA BOST*

*Brenda Bost*

*1-8-03*

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

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

TITLE PD  
NAME CONRAD, BRUCE ☒ Delete  
STREET ADDRESS 210 NE 8TH AVE.  
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE TD ☒ Delete  
NAME BOST, BRENDA A  
STREET ADDRESS 209 NE 8TH AVE.  
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
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 TD ☐ Change ☒ Addition  
NAME MICHAELS, MIKE  
STREET ADDRESS 301 NE 8TH. AVE  
CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE ☐ Change ☐ Addition  
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* *Brenda Bost* *P 1-8-03* *772-466-6660*

CR2E037 (10/02)