

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012061

FILED
Mar 20, 2009
Secretary of State

Entity Name: RIVER RUN SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2415 NW 16 ST
MIAMI, FL 33125

New Principal Place of Business:

ALLIED PROPERTY GROUP, INC
12350 SW 132ND COURT, SUITE 114
MIAMI, FL 33186

Current Mailing Address:

12350 SW 132 CT
STE 988
MIAMI, FL 33186

New Mailing Address:

ALLIED PROPERTY GROUP, INC
12350 SW 132ND COURT, SUITE 114
MIAMI, FL 33186

FEI Number: 76-0807922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH H. GANGUZZA & ASSOCIATES, P.A.
SUNTRUST INTERNATIONAL CENTER
ONE SE 3 AVE STE 2150
MIAMI, FL 33131 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: PD () Delete
Name: ALJITAN, SAM
Address: 2415 NW 16 ST RD #210
City-St-Zip: MIAMI, FL 33125

Title: SD () Delete
Name: LEILANI, GARRIDO
Address: 2415 NW 16 STREET RD. #201
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: RODRIGUEZ, ANDREA
Address: 2475 NW 16 ST RD 211
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: YANES, JUAN E
Address: 2475 NW 16 ST RD # 505
City-St-Zip: MIAMI, FL 33125

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: SAM ALJITAN

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date