
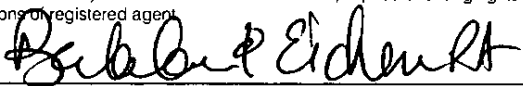
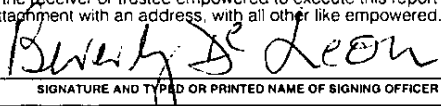


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90028 027 ****61.25

DOCUMENT# N34169 1. Entity Name RIVER RUN OF MIRAMAR GARDEN HOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2731 RIVER RUN TERRACE MIRAMAR, FL 33025 US			Mailing Address 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0186889	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LORA D HOWE TUCKER TIGHLEY P A 800 EAST BROWARD BLVD FT LAUDERDALE, FL 33301			Name BAGALAR & EICHNER PA Street Address (P.O. Box Number is Not Acceptable) 150 S. Pine Island Rd, Ste 540 City Plantation FL 33324		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> 2/24/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE LEON, BEVERLY		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDO, JENNIFFER		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHENESE, REMA		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYNOR, JACQUILINE		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YPSILANTIS, WILLIAM		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/27/08 <small>Date</small>		
<small>Daytime Phone #</small>					