

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2006
Secretary of State**

DOCUMENT# N04000003712

Entity Name: RIVER COVE LANDINGS CONDOMINIUM IV ASSOCIATION, INC.

Current Principal Place of Business:

884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMA, WILLIAM N
884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 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: D () Delete
Name: AKKERMAN, RUDOLPH H
Address: WILLEM DE ZWIJGERLAAN 19
City-St-Zip: NOORD HOLLAND NET. 2082-BA,

Title: D () Delete
Name: AKKERMAN-KOPER, MARION H
Address: WILLEM DE ZWIJGERLAAN 19
City-St-Zip: NOORD HOLLAND NET. 2082-BA,

Title: D () Delete
Name: VAN USEN, ANTONIUS
Address: HERTENLAAN 29 CD, DEN HOLDER
City-St-Zip: NETHERLANDS 3734,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AKKERMAN, RUDOLPH H
Address: 2580 CHANNEL WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change () Addition
Name: AKKERMAN-KOPER, MARION H
Address: 2580 CHANNEL WAY
City-St-Zip: KISSIMMEE, FL 34746

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RUDOLF AKKERMAN

P

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date