

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2007
Secretary of State**

DOCUMENT# N06000005043

Entity Name: RIVER COVE LANDINGS SINGLE FAMIOY HOMEONWER'S ASSOCIATION, INC.

Current Principal Place of Business:

2580 CHANNEL WAY
KISSIMMEE, FL 34746

New Principal Place of Business:

884 S DILLARD STREET
WINTER GARDEN, FL 34787

Current Mailing Address:

2580 CHANNEL WAY
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAM N ASMA PA
884 S DILLARD ST
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, RUDOLF
Address: 2580 CHANNEL WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: KOPER-AKKERMAN, MARJON
Address: 2580 CHANNEL WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: KOPER-AKKERMAN, FRANK ROBIN
Address: 2019 PITCH WAY
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RUUD AKKERMAN

D

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date