

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 14, 2009  
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:**

**Current Mailing Address:**

884 S DILLARD STREET  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

**Name and Address of New Registered Agent:**

WILLIAM N ASMA PA  
884 S DILLARD ST  
WINTER GARDEN, FL 34787    US

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: WILLIAM N. ASMA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title:                      D                      ( ) Delete  
Name:                      KOPER-AKKERMAN, FRANK ROBIN  
Address:                      2019 PITCH 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 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

D

10/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date