FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90009 021 ****61.25

DOCUMENT # 726490

1. Corporation Name

RIVERWALK COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BENSON'S INC 12650 WHITEHALL DR FT MYERS FL 33907 US	BENSON'S INC 12650 WHITEHALL DR FT MYERS FL 33907 US

2. Principal Place of Business 1	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/24/1973
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 59-1654142 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 4 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BENSON, MARK
MARQUIS MANAGEMENT INC.
12650 WHITEHALL DR
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CRAIG, CHRISTINE		1.2 NAME	Bolles, Patrick	
STREET ADDRESS	4787 GROUPER CT		1.3 STREET ADDRESS	5835 Whiting Ct #256	
CITY-ST-ZIP	FT MYERS FL 33919		1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ROGERS, MARY		2.2 NAME	Buck, Gerald	
STREET ADDRESS	4814 BLUE FISH, #249		2.3 STREET ADDRESS	4817 Sunfish Ct #262	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRAIG, CHRISTINE		3.2 NAME		
STREET ADDRESS	4787 GROUPER CT.,#234		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT.MYERS FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JUNGFERMAN, RICHARD		4. 2 NAME		
STREET ADDRESS	4815 BLUEFISH CT #250		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POWERS, KATHLEEN		5.2 NAME		
STREET ADDRESS	5854 WHITING CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT.MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	MOSHEN SALEH		6.2 NAME	Salehi, Mohsen	
STREET ADDRESS	4786 HARBOR CAY BLVD		6.3 STREET ADDRESS	4786 Harbour Cay Blvd #228	
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP	Fort Myers, FL 33919	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary S. Rogers 3/30/99 941.939.9961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #