2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726490

1. Entity Name

RIVERWALK COVE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90112 023 ****61.25

DO NOT WRITE IN THIS SPACE

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 33907-3619 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1654142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENSON, MARK ~~MARQUIS MANAGEMENT INC~~ Benson's, Inc. 12650 WHITEHALL DR FT MYERS FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) ← SEE CORRECTION! City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be *Added to Fees*	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLLES, PATRICK 5835 WHITING CT #256 FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Ross, Julie 5854 Harbour Club Rd #209 Fort Myers,FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROGERS, MARY 4814 BLUE FISH, #249 FT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dutcher, Joan 5821 Harbour Club Rd #229 Fort Myers, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCK, GERALD 4817 SUNFISH CT FT.MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JUNGFERMAN, RICHARD 4815 BLUEFISH CT #250 FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ Jungferman, Richard 4815 Bluefish Ct #250 Fort Myers, FL 33919	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, KATHLEEN 5854 WHITING CT FT.MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOSHEN SALEH 4786 HARBOUR CAY BLVD #228 FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Salehi, Mohsen 4786 Harbour Cay Blvd #228 Fort Myers, FL 33919	☒ Change ☐ Addition

CR2E037 (9/99)

12. 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 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 Mary L. Rodgers 2/9/00 9399961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #