

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90073 013 ****61.25

DOCUMENT # 726490

1. Entity Name

RIVERWALK COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

BENSON'S INC
12650 WHITEHALL DR
FT MYERS FL 33907
US

Mailing Address

BENSON'S INC
12650 WHITEHALL DR
FT MYERS FL 33907
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

do Henke Property Mngt
Suite, Apt. #, etc.
6213-A Presidential Ct

3. Mailing Address

do Henke Property Mngt.
Suite, Apt. #, etc.
6213-A Presidential Ct

City & State

Fort Myers, FL

City & State

Fort Myers, FL

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

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

7. Name and Address of New Registered Agent

Name
Henke, Carol J.

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

do Henke Property Management
6213-A Presidential Court

City

Fort Myers,

FL

Zip Code

33919

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

Carol J Henke

4-4-2001

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

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	PD ROGERS, MARY 4814 BLUE FISH, #249 FT MYERS FL	☒ Delete
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	TD JUNGFERMAN, RICHARD 4815 BLUEFISH CT #250 FT MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, KATHLEEN 5854 WHITING CT FT.MYERS FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSHEN SALEH 4786 HARBOUR CAY BLVD #228 FT MYERS FL 33919	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUTCHER, JO 5821 HARBOUR CLUB ROAD #229 FORT MYERS FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, JULIE 5854 HARBOUR CLUB ROAD #209 FORT MYERS, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORDONEZ, DIEGO 5841 HARBOUR CLUB ROAD #205 FORT MYERS, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHMIT, MICHAEL 4786 ALBACORE LANE #232 FORT MYERS FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D	☒ Change ☐ Addition

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:

Julian J Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment

726490

Riverwalk Cove

760138 D

Rogers, Kerry
5828 Harbour Club Rd. #201
Fort Myers FL 33919