

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90359 038 ****61.25

DOCUMENT # 726490

1. Entity Name

RIVERWALK COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O HENKE PROPERTY MNGT
 6213-A PRESIDENTIAL CT
 FORT MYERS FL 33919
 US

C/O HENKE PROPERTY MNGT
 6213-A PRESIDENTIAL CT
 FORT MYERS FL 33919
 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

HENKE, CAROL J
 C/O HENKE PROPERTY MANAGEMENT
 6213-A PRESIDENTIAL COURT
 FORT MYERS FL 33919

Name

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

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
 DS
 DUTCHER, JO
 5821 HARBOUR CLUB RD #229
 FT MYERS FL 33919 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPT D
 Dutcher, Bob
 5821 Harbour Club Dr. #229
 Fort Myers, FL 33919 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 ROSS, JULIE
 5854 HARBOUR CLUB RD #209
 FORT MYERS FL 33919 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 Goldstien, Judi
 4786 Grouper Ct. #237
 Fort Myers, FL 33919 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 ORDONEZ, DIEGO
 5841 HARBOUR CLUB RD #205
 FT. MYERS FL 33919 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Trentman, David
 4814 Sontfish Court #260
 Fort Myers, FL 33919 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 JUNGFERMAN, RICHARD
 4815 BLUEFISH CT #250
 FT MYERS FL 33919 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DT
 SCHMIT, MICHAEL
 4786 ALBACORE LANE #232
 FORT MYERS FL 33919 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MOSHEN SALEH
 4786 HARBOUR CAY BLVD #228
 FT MYERS FL 33919 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

941-441-750

Date

Daytime Phone #

CR2E037 (9/01)