2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/25/2004 90001-039-$61.25-$61.25

FILED

04 OCT -8 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726490

1. Entity Name
RIVERWALK COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CAPITAL PROPERTIES GROUP, INC. 3364 CLEVELAND AVENUE FORT MYERS, FL 33901 US	C/O CAPITAL PROPERTIES GROUP, INC. 3364 CLEVELAND AVENUE FORT MYERS, FL 33901 US

2. Principal Place of Business

P & M Property Management
15660 San Carlos Blvd. #40
Fort Myers, Florida 33908

3. Mailing Address

P & M Property Management
15660 San Carlos Blvd. #40
Fort Myers, Florida 33908

08022004 Chg NP CR2E017 (10/03)

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

RAGER, KENNETH D
C/O CAPITAL PROPERTIES GROUP, INC.
3364 CLEVELAND AVENUE
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

P & M Property Management
15660 San Carlos Blvd. #40
Fort Myers, Florida 33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Paul L Sapp 9-12-04
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) Date

Filing Fee is $61.25
Due by September 8, 2004

9. ☐ Election Campaign Financing Trust Fund Contribution **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROSENBERG, GINA 4784 ALBACORE LN. #242 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOLDSTIEN, JUDI 4786 GROOPER CT #237 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ASTRID HARTLIEB 5820 WHITING CT. #223 FT. 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 an an attachment with an address, with all other like empowered.

SIGNATURE: Julie Ross 8/18/04 239-431-5245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05950 2004 OCT-8 PM 1:30