2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90060 008 ****61.25

DOCUMENT # 726490

1. Entity Name
RIVERWALK COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908 US	P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908 US

01062005 Chg-NP CR2E037 (10/03)

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
P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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 4794 ALBACORE LN. #242 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KELLY CLARK 5821 HARBOR CLUB #229 FT. MYERS, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HARTLIEB, ASTRID 5820 WHITING CT #223 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBIN TAGGARD 5834 HARBOR CLUB 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	Julianne T. Ross	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WINFIELD LENTZ 4790 ALBACORE LN FT. MYERS, FL 33919	☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Julianne T Ross 4/11/05 239-437-5245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05085 - 2005