

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90056 039 ****61.25

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DOCUMENT # 726490 1. Entity Name RIVERWALK COVE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908 US	Mailing Address P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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000110000



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1654142	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, KELLY 5821 HARBOR CLUB #229 FORT MYERS, FL 33919 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT ARIA ALVERANCA 5816 WHITING CT # 224 FT. MYERS, FL 33919 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAGGARD, ROBIN 5834 HARBOR CLUB FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T ROBIN TAGGARD 5834 HARBOR CLUB FT. MYERS, FL 33919 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, JULIANNE T 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	S WINFIELD, LENTZ 4790 ALBACORE LN 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	D DONNA CARONTENUTO 4813 SUNFISH CT #264 FT. MYERS, FL 33919 ☐ 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 exemptions contained in Chapter 119, 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: <i>Robin A. Taggard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: _____	Daytime Phone #: (239) 433-2744
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