2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 726490

Entity Name: RIVERWALK COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5820 HARBOUR CLUB RD
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

5820 HARBOUR CLUB RD
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-1654142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PELUSO, MARIENE
5816 WHITING CT #224
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

CAROTENUTO, DONNA
4813 SUNFISH CT #264
FORT MYERS, FL 33919 US

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: DONNA CAROTENUTO 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PELUSO, MARIENE
Address: 5816 WHITING CT #224
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Delete
Name: HEMSTEAD, RAYMOND
Address: 5839 WHITING CT #254
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Delete
Name: BAQUERO, WELLINGTON
Address: 5837 WHITING CT #255
City-St-Zip: FORT MYERS, FL 33919

Title: S ( ) Delete
Name: CAROTENUTO, DONNA
Address: 4813 SUNFISH CT #264
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: DEMELLO, JERALDA
Address: 4812 BLUE FISH CT #248
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAROTENUTO, DONNA
Address: 4813 SUNFISH CT #264
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: CRUZ, TOM
Address: 5825 HARBOUR CLUB RD #230
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CAROTENUTO PD 04/23/2009
Electronic Signature of Signing Officer or Director Date