# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 31, 2003 8:00 am**
**Secretary of State**
03-31-2003 90304 026 ****61.25

DOCUMENT # 726490

1. Entity Name
RIVERWALK COVE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O HENKE PROPERTY MNGT<br>6213-A PRESIDENTIAL CT<br>FORT MYERS FL 33919<br>US | C/O HENKE PROPERTY MNGT<br>6213-A PRESIDENTIAL CT<br>FORT MYERS FL 33919<br>US |

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Capital Properties Group, Inc.
3364 Cleveland Avenue
Ft. Myers, FL 33901 USA

3. Mailing Address
Capital Properties Group, Inc.
3364 Cleveland Avenue
Ft. Myers, FL 33901 USA

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

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

7. Name and Address of New Registered Agent

KENNETH D. RAGER
Capital Properties Group, Inc.
3364 Cleveland Avenue
Ft. Myers, FL 33901 USA

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 _____, KENNETH D. RAGER 3/27/03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPTD<br>DUTCHER, BOB<br>5821 HARBOUR CLUB RD #229<br>FT MYERS FL 33919 | ☒ Delete | DT<br>GINA ROSENBERG<br>4794 ALBACORE LN #242<br>FT. MYERS, FL 33919 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GOLDSTIEN, JUDI<br>4786 GROOPER CT #237<br>FORT MYERS FL 33919 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROSS, JULIE<br>5854 HARBOUR CLUB RD #209<br>FORT MYERS FL 33919 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TRENTMAN, DAVID<br>4814 SONFISH COURT #260<br>FT MYERS FL 33919 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 3/13/03 239-437-5245