FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -2 AM 9:04

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

DOCUMENT # N02000005993

1. Entity Name
RIVER COVE LANDINGS CONDOMINIUM III, INC.

Principal Place of Business	Mailing Address
886 S. DILLARD STREET WINTER GARDEN, FL 34749	886 S. DILLARD STREET WINTER GARDEN, FL 34749

2. Principal Place of Business	3. Mailing Address
884 South Dillard St	884 South Dillard St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden FL	City & State: Winter Garden FL
Zip: 34787 Country: USA	Zip: 34787 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 54-2071463 ☐ 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
ASMA, WILLIAM N 886 S. DILLARD STREET WINTER GARDEN, FL 34749	Name: William N. Asma P.A. Street Address (P.O. Box Number is Not Acceptable) 884 South Dillard Street City: Winter Garden FL Zip Code: 34787

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: _____ DATE: 8/29/03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25
Initial or Amended UBR

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	D AKKERMAN, RUUD 2019 PITCH WAY KISSIMMEE, FL 34746	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Akkerman, Ruud 884 S. Dillard St. Winter Garden, Fl 34787
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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 reports 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: _____ 8/29/03 4076565750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #