# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04-28-2008 90396 046 ****70.00
08 MAY 19 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000003701

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

| Principal Place of Business | Mailing Address |
|---|---|
| C/O 884 SOUTH DILLARD STREET<br>WINTER GARDEN, FL 34787 | 884 SOUTH DILLARD STREET<br>WINTER GARDEN, FL 34787 |

04252008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2412 N ESSEX AVE | 2412 N ESSEX AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: HERNANDO FL | City & State: HERNANDO, FL |
| Zip: 34442 Country: CITRUS | Zip: 34442 Country: CITRUS |

4. FEI Number: 20-2391214 ☐ 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<br>884 SOUTH DILLARD STREET<br>WINTER GARDEN, FL 34787 | Name: HUGH E PHILLIPS CPA INC<br>Street Address (P.O. Box Number is Not Acceptable): 2412 N ESSEX AVE<br>City: HERNANDO FL Zip Code: 34442 |

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: Hugh E Phillips Pres Hugh E Phillips CPA Inc 4/25/08
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, 2008**

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 | DPST<br>AKKERMAN, RUDOLF<br>2580 CHANNEL WAY<br>KISSIMMEE, FL 34746 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SCOTT H BRUNK<br>11960 W BLUE BAYOU CT<br>CRYSTAL RIVER, FL 34429 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>AKKERMAN, MARJORIE<br>2580 CHANNEL WAY<br>KISSIMMEE, FL 34746 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>LLOYD MARSH<br>11962 W. BLUE BAYOU CT<br>CRYSTAL RIVER, FL 34429 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VAN USEN, ANTONIUS<br>HERTENLAAN 29 CD, DEN HOLDER T<br>NETHERLANDS, 3734 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>MORGAN MOWBRAY<br>11937 W BLUE BAYOU CT<br>CRYSTAL RIVER, FL 34429 | ☐ 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 |
| 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:** Scott H. Brunk 04252008 3527453839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS