

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 28, 2011**  
**Secretary of State**

DOCUMENT# N04000003701

**Entity Name:** RIVER COVE LANDINGS CONDOMINIUM III ASSOCIATION, INC.**Current Principal Place of Business:**1339 N CARNEVALE TER  
LECANTO, FL 34461**New Principal Place of Business:****Current Mailing Address:**1339 N CARNEVALE TER  
LECANTO, FL 34461**New Mailing Address:****FEI Number:** 20-2391214**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PHILLIPS CPA & MANAGEMENT SERVICES, INC.  
1339 N CARNEVALE TER  
LECANTO, FL 34461 US**Name and Address of New Registered Agent:**PHILLIPS CPA SERVICES, LLC  
1339 N CARNEVALE TER  
LECANTO, FL 34461 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: HUGH PHILLIPS

04/28/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BRUNK, SCOTT H  
Address: 11960 W. BLUE BAYOU CT.  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DS  
Name: MARSH, LLOYD  
Address: 11962 W. BLUE BAYOU CT.  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DT  
Name: PAUELSEN, MARIA  
Address: 11938 W BLUE BAYOU CT.  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP  
Name: CROWLEY, BOB  
Address: 2901 N RIVERS EDGE BLVD.  
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby 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 all other like empowered.

SIGNATURE: SCOTT BRUNK

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04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date