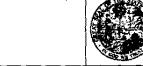
## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N13560

1. Entity Name

RIVER COVE OWNERS ASSOCIATION, INC.



Mailing Address

Principal Place of Business C/O COY A CLARK COMPANY 575 S WICKHAM RD, STE E MELBOURNE, FL 32904

C/O COY A CLARK COMPANY 575 S WICKHAM RD, STE E MELBOURNE, FL 32904 US

**FILED** Apr 24, 2006 08:00 Al Secretary of State



04162006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3682332

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, COY A 575 S WICKHAM ROAD

## DO NOT WRITE

STE E MELBOURNE, FL 32904			IN THIS SPACE			
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered office	ce or r	egistered agent, or both	n, in the State of Florida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and fit	de lif applicable (NOTE Registered Agent	Signature	required when reinstating)	DÂTE	<del></del>
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	- · ·	
10.	OFFICERS AND DIR	CTORS			of order	· · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLARK, COY A.  575 S WICKHAM RD, STE E MELBOURNE, FL 32904				Booneoneon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATTAGLINI, JAMES 1640 N RIVERSIDE DRIVE INDIALANTIC, FL 32903	· · · · · · · · · · · · · · · · · · ·			000000530888 05/06/06-80016-011	61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDA, JOSEPH J. 207 SILVER PALM AVE MELBOURNE, FL 32901			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDS, CAROL 505 RIVER COVE PLACE INDIALANTIC, FL 32903			IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		· ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby	certify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the exemption and accurate and that my signature sh	ns co all hav	ntained in Chapter 119 ve the same legal effect	. Florida Statutes. I further certify that the Ir t as if made under oath; that I am an officer	formation 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR