


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N13560</b> 1. Entity Name RIVER COVE OWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O COY A CLARK COMPANY 575 S WICKHAM RD, STE E MELBOURNE, FL 32904 US	Mailing Address C/O COY A CLARK COMPANY 575 S WICKHAM RD, STE E MELBOURNE, FL 32904 US
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04162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3682332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, COY A  
575 S WICKHAM ROAD  
STE E  
MELBOURNE, FL 32904

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CLARK, COY A. 575 S WICKHAM RD, STE E MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATTAGLINI, JAMES 1640 N RIVERSIDE DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDA, JOSEPH J. 207 SILVER PALM AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDS, CAROL 505 RIVER COVE PLACE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000530888  
05/06/06-80016-011 61.25

**DO NOT WRITE IN THIS SPACE**

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: Coy A. Clark 4-17-06 (321) 723-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #