2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N13560

Entity Name: RIVER COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3682332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PDT	( ) Delete
Name:	CLARK, COY A.	
Address:	575 S WICKHAM RD, STE E	
City-St-Zip:	MELBOURNE, FL 32904	
Title:	VD	( ) Delete
Name:	BATTAGLINI, JAMES	
Address:	1640 N RIVERSIDE DRIVE	
City-St-Zip:	INDIALANTIC, FL 32903	
Title:	D	( ) Delete
Name:	CHANDA, JOSEPH J.	
Address:	207 SILVER PALM AVE	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	D	( ) Delete
Name:	DAVIDS, CAROL	
Address:	505 RIVER COVE PLACE	
City-St-Zip:	INDIALANTIC, FL 32903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COY A CLARK P 04/17/2009
Electronic Signature of Signing Officer or Director — Date