

# **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23265

**FILED**  
**Apr 28, 2007**  
**Secretary of State**

**Entity Name:** RIVER COVE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

884 SOUTH DILLARD ST.  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

884 SOUTH DILLARD ST.  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**FEI Number:** 59-2954851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASMA, WILLIAM N ESQ  
884 S. DILLARD STREET  
WINTER GARDEN, FL 34787 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: PD ( ) Delete  
Name: AKKERMAN, RUDD  
Address: 2580 CHANNEL WAY  
City-St-Zip: KISSIMMEE, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RUDOLF AKKERMAN

P

04/28/2007

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

\_\_\_\_\_  
Date