

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N23266

1. Entity Name
RIVER COVE CONDOMINIUM 1 ASSOCIATION, INC.



Principal Place of Business
RIVER COVE LANDINGS, CONDO 1
CRYSTAL RIVER, FL 34423 US

Mailing Address
P.O. BOX 1450
CRYSTAL RIVER, FL 34423 US

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2954852

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, DEBBIE I
11961 W EDGEVIEW COURT
CRYSTAL RIVER, FL 34429

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, SANDI I
STREET ADDRESS N RIVERSEDGE BLVD
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE SD
NAME COOPERRIDER, FRAN
STREET ADDRESS 2906 RIVERS EDGE BLVD.
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VPD
NAME PAINTER, STEVE
STREET ADDRESS W. EDGEWOOD COURT
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE DT
NAME FOSTER, DEBBIE
STREET ADDRESS 11961 W EDGEVIEW COURT
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE D
NAME FOSTER, JAMES C
STREET ADDRESS 11961 W EDGEVIEW COURT
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

J000000854505
07/14/08-80004-001 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:

Debbie Foster - Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08
Date

Daytime Phone #