2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004404

FILED Apr 28, 2008 Secretary of State

Entity Name: RIVER COVE LANDINGS CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4841 SW 1ST TERRACE OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** P.O. BOX 222 OCALA, FL 34478 US FEI Number: 54-2071277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KING, WILLIAM A ESQUIRE 1531 SE 36TH AVENUE OCALA, FL 34471 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LIGHTBODY, THOMAS Name: Name: Address: 9080 SW 19TH AVENUE ROAD Address: City-St-Zip: OCALA, FL 34476 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: GRANATA, SALVATORE T Name: Address: P.O. BOX 222 Address: City-St-Zip: OCALA, FL 34478 US City-St-Zip: Title: () Delete Title: () Change () Addition HAMPY, DARRYL Name: Name: 1706 N MAGNOLIA, SUITE 203 Address: Address: City-St-Zip: OCALA, FL 34475 US City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: GARCIA, NATHAN 1553 SE FT. KING ST Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 34471 US Title: () Delete Title: () Change (X) Addition CARRASCO, GEORGE Name: Name: 2145 SE 5TH ST Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 34471 US

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: SALVATORE T GRANATA D 04/28/2008