
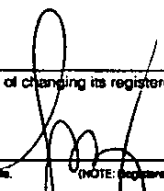
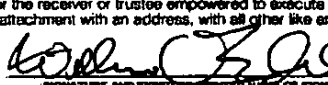


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-26-2007 90067 017 ****61.25

DOCUMENT # N99000003066			
1. Entity Name WATER'S EDGE AT HERON COVE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 7001 TEMPLE TERRACE HWY TAMPA, FL 33637		Mailing Address 7001 TEMPLE TERRACE HWY TAMPA, FL 33637	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16105 N. Florida Ave	
Suits, Apt. #, etc.		Suits/Apt. #, etc. A	
City & State Lutz FL		City & State Lutz FL	
Zip 33549	Country US	4. FEI Number 59-3878150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUARTE, ANTONIO II 6221 LAND O LAKES BLVD LAND O LAKES, FL 34639		7. Name and Address of New Registered Agent Name Steven Mezer Street Address (P.O. Box Number is Not Acceptable) 220 S. Franklin St City Tampa FL Zip Code 33602	
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:  STEVEN H. MEZER DATE 4/3/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAGENAU, WALTER PAUL 1731 HERON COVE DR LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD EDDY, WILLIAM 1849 HERON COVE DR LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HIRNEISON, FRANCIE 1551 SEND WAY LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ, FL 33549
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  WILLIAM EDDY		DATE: 3/20/2007 813 949 1179	

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02162007 Chg-NP CRZE037 (12/06)

4. FEI Number 59-3878150 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUARTE, ANTONIO II
6221 LAND O LAKES BLVD
LAND O LAKES, FL 34639

Name **Steven Mezer**
Street Address (P.O. Box Number is Not Acceptable)
220 S. Franklin St
City **Tampa** FL Zip Code **33602**

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:  **STEVEN H. MEZER** DATE **4/3/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Makes check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE:  **WILLIAM EDDY** DATE: **3/20/2007** 813 949 1179
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR