

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91177 015 \*\*\*\*61.25

**DOCUMENT # N99000003066**



1. Entity Name  
**WATER'S EDGE AT HERON COVE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**2047A OSPREY LANE  
LUTZ FL 33549**

Mailing Address  
**7001 TEMPLE TERRACE HWY  
TAMPA FL 33637**

40010000



2. Principal Place of Business  
*7001 Temple Terrace Hwy*

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
*Temple Terrace, FL*

City & State

4. FEI Number **59-3878150**

Applied For  
Not Applicable

Zip  
*33637*

Country

Zip

Country

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

**BENNETT, RABIN ESQ  
BRUDNY & RABIN PA  
18167 US HIGHWAY 19 N. SUITE 95  
CLEARWATER FL 33764-6566**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **VSD VAN DORSTEN, NEAL**  
STREET ADDRESS **2047A OSPREY LANE**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
NAME *PO Walter Paul Hageran*  
STREET ADDRESS *1731 Heron Cove Dr.*  
CITY-ST-ZIP *Lutz, FL 33549*

TITLE  Delete  
NAME **PTD VAN DORSTEN, EDNA**  
STREET ADDRESS **2047A OSPREY LANE**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
NAME *VSD Jerry Ritter*  
STREET ADDRESS *1725 Heron Cove Dr.*  
CITY-ST-ZIP *Lutz, FL 33549*

TITLE  Delete  
NAME **D KING, RONALD**  
STREET ADDRESS **2047A OSPREY LANE**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
NAME *STO Terri Denton*  
STREET ADDRESS *1737 Heron Cove Dr.*  
CITY-ST-ZIP *Lutz, FL 33549*

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Walter Paul Hageran* **Walter Paul Hageran** 4-23-03 813-980-1000

CR2E037 (10/02)