


**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

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

05-04-2007 90073 011 \*\*\*\*50.00  
 06-14-2007 90001 023 \*\*\*\*11.25

<b>DOCUMENT # N06000002763</b>					
1. Entity Name <b>HERON COVE AT ABACO ISLES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 3300 PGA BLVD. SUITE 330 PALM BEACH GARDENS, FL 33410			Mailing Address 3300 PGA BLVD. SUITE 330 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
D1052007 Chg-NP CR2E037 (12/08)				4. FEI Number <b>20-0822852</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
8. Name and Address of Current Registered Agent <b>ALLISON, DONALD M 1515 SOUTH FEDERAL HIGHWAY SUITE 308 BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
8. The above named entry 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature is due on when returning)</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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASTROIANNI, NICHOLAS A II	NAME			
STREET ADDRESS	3300 PGA BLVD., SUITE 330	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP			
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINKELSTEIN, DAVID	NAME			
STREET ADDRESS	3300 PGA BLVD., SUITE 330	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D'AMBROSCA, SALVATORE	NAME			
STREET ADDRESS	3300 PGA BLVD., SUITE 330	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 registration 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 registered agent 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 all other like empowered.					
SIGNATURE: _____ DATE: _____ <small>Signature and typed or printed name of signing officer or director</small>					