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Jul 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002014

1. Corporation Name
HERON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 2047A OSPREY LANE, LUTZ FL 33549
Mailing Address: 2047A OSPREY LANE, LUTZ FL 33549



2. Principal Place of Business: 21 *COLLEGE UNIVERSITY PROPERTIES*
2a. Mailing Address: 26 *7001 TEMPLE TERRACE HWY*
3. Date Incorporated or Qualified: 04/06/1998
4. FEI Number: 59-3533950
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: RABIN, BENNETT L ESQ, BRUDNY & RABIN, P.A., 18187 US HIGHWAY 19 N., SUITE 195, CLEARWATER FL 33764-6568

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSTEN, NEAL VAN	1.2 NAME	
STREET ADDRESS	2047A OSPREY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	
TITLE	VPS <i>D</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSTEN, EDNA VAN	2.2 NAME	
STREET ADDRESS	2047A OSPREY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, RONALD	3.2 NAME	
STREET ADDRESS	2047A OSPREY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplement annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *X* SIGNATURE REQUIRED *6/30/99* 813-980-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)