


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90044 008 ****61.25

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1. Entity Name
HERON COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O UNIVERSITY PROPERTIES
 2047A OSPREY LANE
 LUTZ, FL 33549**

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03112004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3533950

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RABIN, BENNETT L ESQ
 BRUDNY & RABIN, P.A.
 18167 US HIGHWAY 19 N., SUITE 195
 CLEARWATER, FL 33764-6566**

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2004

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ECSTEIN, FRED	
STREET ADDRESS	22118 LITTLE LAGOON CT	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DORSTEN, EDNA VAN	
STREET ADDRESS	2047A OSPREY LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	VAN DORSTEN, NEIL	
STREET ADDRESS	2047A OSPREY LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eckstein, FRED	NAME
STREET ADDRESS		Spelled WRONG
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAETA, PAM	
STREET ADDRESS	1934 HERON COVE;	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fuld, Addy	
STREET ADDRESS	1940 HERON COVE;	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul White Fred Eckstein **18-MAR-04** **980-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #