


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90065 040 ****61.25

DOCUMENT # N98000002014			
1. Entity Name HERON COVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % WISE PROPERTY MANAGEMENT, INC. 16105 N. FLORIDA AVE., SUITE A LUTZ, FL 33549-6161		Mailing Address 218 E BEARSS AVE PMB 241 TAMPA, FL 33613-1625	
2. Principal Place of Business		3. Mailing Address <i>Wise Prop Mgmt</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>16105 N. FLORIDA #A</i>	
City & State		City & State <i>LUTZ FL</i>	
Zip	Country	Zip	Country
<i>33549</i>		<i>33549</i>	
4. FEI Number 59-3533950		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		7. Name and Address of New Registered Agent	
CONDOMINIUM ALLIANCE MANAGEMENT CORPORATION 13309 WINDING OAK CT., STE. B TAMPA, FL 33612		Name <i>STEVE MEZER</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>220 S. FRANKLIN</i>	
		City <i>TAMPA</i>	
		FL Zip Code <i>33602</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PT ECKSTEIN, FRED 22118 LITTLE LAGOON CT LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>16105 N. FLORIDA #A LUTZ, FL 33549</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAETA, PAM 1934 HERON COVE LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>16105 N. FLORIDA #A LUTZ, FL 33549</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, VERNON 1712 LULLWATER LN LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>16105 N. FLORIDA #A LUTZ, FL 33549</i>
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
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: <i>Fred Eckstein</i> FRED ECKSTEIN		Date: <i>2/10/06</i> 813-909-2463	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	