

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

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90033 027 \*\*\*\*61.25

<b>DOCUMENT # N98000002014</b>					
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 C/O WISE PROP MGMT 16105 N FLORIDA A LUTZ, FL 33549		
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		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEZER, STEVE 220 S FRANKLIN TAMPA, FL 33602				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECKSTEIN, FRED		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAETA, PAM		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, VERNON		NAME	<i>James Kroc</i>	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS	<i>16105 N. FLORIDA #A</i>	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	<i>Lutz FL 33549</i>	
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		
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 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		8-MARCH-2007 813 909 2465	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	