


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000002014 1. Entity Name HERON COVE CONDOMINIUM ASSOCIATION, INC.	
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FILED

08 JUN 11 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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05052008 Chg-NP CR2E037 (12/06)

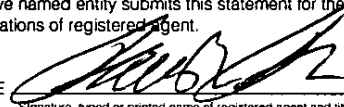
4. FEI Number 59-3533950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEZER, STEVE 1801 N. HIGHLAND AVE. TAMPA, FL 33602

7. Name and Address of New Registered Agent Name: FRANCIS FRISCIA Street Address (P.O. Box Number is Not Acceptable): 3350 W. EXECUTIVE DR SUITE 250 City: TAMPA FL Zip Code: 33609

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: **6/2/08**

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PT ECKSTEIN, FRED	<input type="checkbox"/>
NAME	16105 N FLORIDA #A	
STREET ADDRESS	LUTZ, FL 33549	
CITY-ST-ZIP		
TITLE	S GAETA, PAM	<input type="checkbox"/>
NAME	16105 N FLORIDA #A	
STREET ADDRESS	LUTZ, FL 33549	
CITY-ST-ZIP		
TITLE	VD KROC, JAMES	<input type="checkbox"/>
NAME	16105 N FLORIDA #A	
STREET ADDRESS	LUTZ, FL 33549	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	700131635417	<input type="checkbox"/>
NAME	06/24/08--01045--010 **61.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
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:  **FRED ECKSTEIN** Date: **8-MAY-08** Daytime Phone #: **813-909-2465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR