

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002014

FILED
Mar 08, 2009
Secretary of State

Entity Name: HERON COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% WISE PROPERTY MANAGEMENT, INC.
16105 N. FLORIDA AVE., SUITE A
LUTZ, FL 335496161

New Principal Place of Business:

Current Mailing Address:

C/O WISE PROP MGMT
16105 N FLORIDA A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3533950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRISCIA, FRANCIS
5550 W. EXECUTIVE DR., STE. 250
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ECKSTEIN, FRED
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: GAETA, PAM
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: KROC, JAMES
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ECKSTEIN, FRED
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change () Addition
Name: GAETA, PAM
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change () Addition
Name: HOUSSIAN, HELEN
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED ECKSTEIN

PRES

03/08/2009

Electronic Signature of Signing Officer or Director

_____ Date