


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90368 002 \*\*\*\*61.25

<b>DOCUMENT # N98000002014</b>			
1. Entity Name <b>HERON COVE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O UNIVERSITY PROPERTIES 2047A OSPREY LANE LUTZ FL 33549</b>		Mailing Address <b>7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>RABIN, BENNETT L ESQ BRUDNY &amp; RABIN, P.A. 18167 US HIGHWAY 19 N., SUITE 195 CLEARWATER FL 33764-8566</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3533950** Applied For  Not Applicable

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FULD, RON</b>	NAME	<b>Fred Eckstein</b>
STREET ADDRESS	<b>1940 HERON COVE DRIVE #101</b>	STREET ADDRESS	<b>22118 Little Lagoon Ct.</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	CITY-ST-ZIP	<b>Lutz, FL 33549</b>
TITLE	<b>VPSD</b> <input type="checkbox"/> Delete	TITLE	<b>PO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORSTEN, EDNA VAN</b>	NAME	<b>STO</b>
STREET ADDRESS	<b>2047A OSPREY LANE</b>	STREET ADDRESS	<b>2047-A Osprey Lane</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	CITY-ST-ZIP	<b>Lutz, FL 33549</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KING, RONALD</b>	NAME	
STREET ADDRESS	<b>2047A OSPREY LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	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	
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 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: *RENE BURCKSTEIN* 4/10/03 813-980-7000

CR2E037 (10/02)