

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2009
Secretary of State**

DOCUMENT# N04000009088

Entity Name: HUDSON COMMUNITY CLUB, INC.

Current Principal Place of Business:

14121 WATER TOWER DRIVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

14121 WATER TOWER DRIVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEIL, EUGENE ESQ.
12312 U.S. HIGHWAY 19
HUDSON, FL 34667 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: P () Delete
Name: COLLARD, HAZEL
Address: 16208 LARSON LANE
City-St-Zip: HUDSON, FL 34667

Title: VP () Delete
Name: ROBBINS, LEONA
Address: 13906 MARGO AVENUE
City-St-Zip: HUDSON, FL 34667

Title: S () Delete
Name: AMSTUTZ, MAUDE
Address: JR PARK NORTH
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HAZEL COLLARD

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date