

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 2:00

DOCUMENT # N05079 (1)

1. Corporation Name
HUDSON OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1740 ALDERMAN STREET
P.O. BOX 3851
SARASOTA FL 34236** **1740 ALDERMAN STREET
P.O. BOX 3851
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/11/1984 **06/21/1994**
4. FEI Number Applied For
59-2428780 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KARP, MELISSA A. (AT
630 SOUTH ORANGE AVENUE #200
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	LANE, JEFFREY
STREET ADDRESS	1740 ALDERMAN ST., #15
CITY-ST-ZIP	SARASOTA FL
TITLE	DVP
NAME	JAY, RAYMOND A.
STREET ADDRESS	1740 ALDERMAN ST #6
CITY-ST-ZIP	SARASOTA FL
TITLE	DS
NAME	KARP, MELISSA A.
STREET ADDRESS	1740 ALDERMAN ST., #13
CITY-ST-ZIP	SARASOTA FL
TITLE	DT
NAME	COFFIN, GINNY
STREET ADDRESS	1740 ALDERMAN ST., #4
CITY-ST-ZIP	SARASOTA FL
TITLE	-D-
NAME	-STEINBROOK, TED
STREET ADDRESS	-1740 ALDERMAN ST., #7
CITY-ST-ZIP	-SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J. T. Stainbrook
1.3 STREET ADDRESS	1740 alderman st #7
1.4 CITY-ST-ZIP	Sarasota FL 34236
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barbara Lane
4.3 STREET ADDRESS	1740 alderman st #15
4.4 CITY-ST-ZIP	Sarasota FL 34236
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Lane Barbara I. Lane 4/4/95 8139513465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License Here if