

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N05079** (1)
1. Corporation Name
HUDSON OAKS CONDOMINIUM ASSOCIATION, INC.



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

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

3. Date Incorporated or Qualified: **09/11/1984**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-2428780**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
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: **ALL FLORIDA SERVICES, INC.**
82 Street Address (P.O. Box Number is Not Acceptable): **2831 Ringling Blvd., Suite 218F**
83 **Sarasota, FL 34237**
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.
DATE: **6/19/96**

SIGNATURE: *Garrett P. Basler* (NOTE: Registered Agent signature required when reestablishing)
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STAINBROOK, J. T.	
STREET ADDRESS	1740 ALDERMAN ST. #7	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	JAY, RAYMOND A.	
STREET ADDRESS	1740 ALDERMAN ST #6	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KARP, MELISSA A.	
STREET ADDRESS	1740 ALDERMAN ST., #13	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANE, BARBARA	
STREET ADDRESS	1740 ALDERMAN ST #15	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PELL, RICHARD	
13 STREET ADDRESS	1740 Alderman St. #4	
14 CITY-ST-ZIP	SARASOTA, FL	
21 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JAY, KAREN	
23 STREET ADDRESS	1740 Alderman St. #6	
24 CITY-ST-ZIP	SARASOTA, FL	
31 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROTEN, REX	
33 STREET ADDRESS	1740 Alderman St. #12	
34 CITY-ST-ZIP	SARASOTA, FL	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JAY, SHIRLEY	
43 STREET ADDRESS	1740 Alderman St. #3	
44 CITY-ST-ZIP	SARASOTA, FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 Treasurer* **5/30/96** 914.955.8064
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)