

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 3851 SARASOTA FL 34230
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3. Date Incorporated or Qualified 09/11/1984	
4. FEI Number 59-2428780	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1740 Alderman St Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 3851, Sar. FL 34230 Suite, Apt. #, etc.
23 City & State Sarasota, Fl	27 City & State Sarasota, Fl
24 Zip 34236	25 Country Sarasota
29 Zip 34230	30 Country Sarasota

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ALL FLORIDA SERVICES
2831 RINGLING BLVD. #218 F
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **GERALD F. BISHOP** 2/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CASTILLO, PEGGY	
STREET ADDRESS	1740 ALDERMAN ST. #7	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JAY, KAREN	
STREET ADDRESS	1740 ALDERMAN ST #6	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROTEN, REX	
STREET ADDRESS	1740 ALDERMAN ST., #13	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAY, SHIRLEY	
STREET ADDRESS	1740 ALDERMAN ST #15	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Doering, Earl	
STREET ADDRESS	1740 Alderman St. # 11	
CITY-ST-ZIP	Sarasota, Fl 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	Unit #12
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Unit # 3
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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 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 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: *[Signature]* **REX ROTEN** 2/23/98 941-366-7466

CFR2007 (10/97)