


05-05-2004 90192 006 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

24070300



DOCUMENT # N05079				
1. Entity Name HUDSON OAKS CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business 1740 ALDERMAN STREET PO BOX 3851 SARASOTA, FL 34236 US		Mailing Address 2831 RINGLING BLVD. #218-F SARASOTA, FL 34237 US		
2. Principal Place of Business <i>2831 Ringling Blvd</i>		3. Mailing Address		
Suite, Apt. #, etc. <i>218 F</i>		Suite, Apt. #, etc.		
City & State <i>SARASOTA FL</i>		City & State		
Zip <i>34237</i>	Country <i>US</i>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALL FLORIDA SERVICES 2831 RINGLING BLVD. #218 F SARASOTA, FL 34237		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		FL	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 <i>Shirley Davis Pres</i>		<i>Shirley Davis</i>		<i>4/28/04</i>
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, DAN		NAME	
STREET ADDRESS	2831 RINGLING BLVD, STE 218F		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBLE, CAROL		NAME	
STREET ADDRESS	2831 RINGLING BLVD, STE 218F		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<i>VP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUS, THOMAS		NAME	
STREET ADDRESS	2831 RINGLING BLVD, STE 218F		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>PRES</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SHIRLEY		NAME	
STREET ADDRESS	2831 RINGLING BLVD, STE 218F		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, WILLIAM		NAME	
STREET ADDRESS	2831 RINGLING BLVD, STE 218F		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237		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: <i>Shirley Davis Pres</i>		<i>4/28/04</i>		<i>941-366-7466</i>
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #