

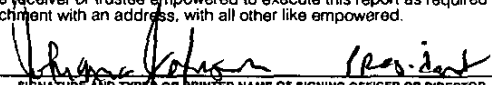


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90193 002 \*\*\*\*61.25

DOCUMENT # N05079			
1. Entity Name HUDSON OAKS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2831 RINGLING BLVD 218 F SARASOTA, FL 34237 US		Mailing Address 2831 RINGLING BLVD 218 F SARASOTA, FL 34237 US	
2. Principal Place of Business - No P.O. Box # 381 Interstate Blvd Suite, Apt. #, etc.		3. Mailing Address 381 Interstate Blvd Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34240		Country USA	
Zip 34240		Country USA	
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: Sun Vast Management + Svcs Inc. Street Address (P.O. Box Number is Not Acceptable): 381 Interstate Blvd City: Sarasota FL Zip Code: 34240	
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:  President Sun Vast Mgmt		DATE: 4/23/07	
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	CARR, JUDY		
STREET ADDRESS	2831 RINGLING BLVD, STE 218F		
CITY-ST-ZIP	SARASOTA, FL 34237		
TITLE	D	<input type="checkbox"/> Delete	
NAME	VANEK, B		
STREET ADDRESS	2831 RINGLING BLVD, STE 218F		
CITY-ST-ZIP	SARASOTA, FL 34237		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	DAVIS, SHIRLEY		
STREET ADDRESS	2831 RINGLING BLVD, STE 218F		
CITY-ST-ZIP	SARASOTA, FL 34237		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Joanne Johnson		
STREET ADDRESS	1740 Alderman St # 8		
CITY-ST-ZIP	SARASOTA FL 34236		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  President		DATE: 4/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 941-378-0260	

40082633



04052007 Chg-NP CR2E037 (12/06)