

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006908

**Entity Name:** HUDSON BAYOU NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**1025 POMELO AVE  
SARASOTA, FL 34236**Current Mailing Address:**1025 POMELO AVE  
SARASOTA, FL 34236 US**FEI Number:** 20-2198002**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MYERS, RICHARD A  
1025 POMELO AVE  
SARASOTA, FL 34236 US*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.***SIGNATURE:** RICHARD A MYERS

01/19/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO PRESIDENT, DIRECTOR  
Name PATTEN, ROB  
Address 1701 HAWTHORNE STREET  
City-State-Zip: SARASOTA FL 34239

Title CO PRESIDENT, DIRECTOR  
Name MAY, BARBARA  
Address 1610 ARLINGTON ST  
City-State-Zip: SARASOTA FL 34239

Title SECRETARY, DIRECTOR  
Name LUZIER, TOM  
Address 1025 POMELO AVE  
City-State-Zip: SARASOTA FL 34236

Title TREASURER, DIRECTOR  
Name HABORAK, GEORGE  
Address 1025 POMELO AVE  
City-State-Zip: SARASOTA FL 34236

Title COMPTROLLER  
Name MYERS, RICHARD A  
Address 1025 POMELO AVE  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name DELUCA, MATT  
Address 1655 HYDE PARK  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name JENETTA, SANDI  
Address 1718 HILLVIEW ST  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name BRASGALIA, ROSE  
Address 1115 S ORANGE  
City-State-Zip: SARASOTA FL 34236

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD A MYERS

CONTROLLER

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FAUGHT, KATHY  
Address 850 TAMIAMI TR  
103  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name NOVAK, RUTH  
Address 1025 POMELO AVE  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name BARNES, MARGARET  
Address 1667 ALTA VISTA  
City-State-Zip: SARASOTA FL 33236

Title PRESIDENT  
Name ROWELL, ALLYSON  
Address 1747 WALDERMERE ST  
City-State-Zip: SARASOTA FL 34239