SARASOTA, FI	_ 34239			
	ling Address:			
1308 POMEI SARASOTA,	LO AVE FL 34239 US			
FEI Number: 20-2198002			Certificate of Status Desired: Yes	
Name and Address of Current Registered Agent:				
HABORAK, GE 1308 POMELO SARASOTA, FL	AVE			
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	E GEORGE J HABORAK		02/22/202	22
	Electronic Signature of Registered Agent		Date	
	Electionic dignature of Registered Agent		Bato	
Officer/Dire				
Officer/Dire		Title	SECRETARY, DIRECTOR	
	ctor Detail :	Title Name		
Title	ctor Detail : PRESIDENT, DIRECTOR		SECRETARY, DIRECTOR	
Title Name	ctor Detail : PRESIDENT, DIRECTOR MAY, BARBARA 1610 ARLINGTON STREET	Name	SECRETARY, DIRECTOR LUZIER, TOM 1025 POMELO AVE	
Title Name Address	ctor Detail : PRESIDENT, DIRECTOR MAY, BARBARA 1610 ARLINGTON STREET	Name Address	SECRETARY, DIRECTOR LUZIER, TOM 1025 POMELO AVE	
Title Name Address City-State-Zip:	ctor Detail : PRESIDENT, DIRECTOR MAY, BARBARA 1610 ARLINGTON STREET SARASOTA FL 34239	Name Address City-State-Zip:	SECRETARY, DIRECTOR LUZIER, TOM 1025 POMELO AVE SARASOTA FL 34236	
Title Name Address City-State-Zip: Title	ctor Detail : PRESIDENT, DIRECTOR MAY, BARBARA 1610 ARLINGTON STREET SARASOTA FL 34239 TREASURER, DIRECTOR	Name Address City-State-Zip: Title	SECRETARY, DIRECTOR LUZIER, TOM 1025 POMELO AVE SARASOTA FL 34236 DIRECTOR	
Title Name Address City-State-Zip: Title Name	ctor Detail : PRESIDENT, DIRECTOR MAY, BARBARA 1610 ARLINGTON STREET SARASOTA FL 34239 TREASURER, DIRECTOR HABORAK, GEORGE 1308 POMELO AVE	Name Address City-State-Zip: Title Name	SECRETARY, DIRECTOR LUZIER, TOM 1025 POMELO AVE SARASOTA FL 34236 DIRECTOR MUMFORD, JENNIFER 1735 BAHIA VISTA STREET	

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006908

Entity Name: HUDSON BAYOU NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1308 POMELO AVE SARASOTA EL 34239

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.

Name

Title

Name

Address

Address

City-State-Zip:

City-State-Zip:

SIGNATURE: GEORGE HABORAK

SHEA-SWEET, CLAUDIA

SARASOTA FL 34239

DIRECTOR

HENRY, JULIE

1720 BAHIA VISTA STREET

1700 BAHIA VISTA STREET

SARASOTA FL 34239

Name

Title

Name

Address

Address

City-State-Zip:

City-State-Zip:

TREASURER

HORTON, MARTHA

1729 LOMA LINDA ST.

SARASOTA FL 34239

1701 HAWTHORNE ST.

SARASOTA FL 34239

DIRECTOR

PATTEN, ROB

02/22/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 22, 2022 Secretary of State 2259739409CC