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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731686** (2)

1. Corporation Name

HUDSON SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

**9750 SUNBEAM DR.
P. O. BOX 8037
NEW PT. RICHEY FL 34854
US**

**9750 SUNBEAM DR.
P. O. BOX 8037
NEW PT RICHEY FL 34854-2525
US**

3. Date Incorporated or Qualified
01/21/1976

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAZZUCO, LORETTA R.
9750 SUNBEAM DR.
NEW PT RICHEY FL 34854**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	SVEHLA, ROBERT	
STREET ADDRESS	8410 AFTON LANE	
CITY-ST-ZIP	PT. RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAZZUCO, LORETTA	
STREET ADDRESS	9750 SUNBEAM DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLSEN, DAVID	
STREET ADDRESS	7917 KNIGHT DR.	
CITY-ST-ZIP	NEW PT. RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAZZUCO, MARIANO	
STREET ADDRESS	9750 SUNBEAM DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Deborah Olsen	
1.3 STREET ADDRESS	7917 KNIGHT DR	
1.4 CITY-ST-ZIP	New Port Richey, FL 34653	
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		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 do 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:

Loretta R. Mazzuco

1-13-97

(813)
868-8499

CR2E037 (9/96)