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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731686

1. Corporation Name

HUDSON SERTOMA CLUB, INC.

Principal Place of Business

9750 SUNBEAM DR.  
~~P.O. BOX 6037~~  
NEW PT. RICHEY FL 34654  
US

Mailing Address

9750 SUNBEAM DR.  
~~P.O. BOX 6037~~  
NEW PT RICHEY FL 34654  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

01/21/1975

4. FEI Number

59-2386381

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MAZZUCO, LORETTA R.  
9750 SUNBEAM DR.  
NEW PT RICHEY FL 34654

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME OLSEN, DEBORAH  
STREET ADDRESS 7917 KNIGHT DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE SD  
NAME MAZZUCO, LORETTA  
STREET ADDRESS 9750 SUNBEAM DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE PD  
NAME OLSEN, DAVID  
STREET ADDRESS 7917 KNIGHT DR.  
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE PD  
NAME SUEHLA, ROBERT  
STREET ADDRESS 8410 AFTON LANE  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME Thomas MAZZUCO  
1.3 STREET ADDRESS 8706 SPANISH MOSS DR  
1.4 CITY-ST-ZIP PORT RICHEY, FL 34668

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99

Date

(727)  
868-8499

Daytime Phone #

0071438

CR05037-11/991