FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N00152

(1)

HUDSON HARBOUR CONDOMINIUM ASSOCIATION, INC.				A MARIHAY ANI ARIH ARIDI MARI ANIAD MAN AMA	AN PICH AIDH CHAN DION MÒN	
			·			
Principal Plac	e of Business	Mailing Address		A 100 strike Sill adrill assats sillas Alfrica Sillas Sillas Sillas	an albu alau sian atan ata	
800 HUDSON AVE. #101		800 HUDSON AVE #101		3. Date Incorporated or Qualified		
SARASOTA FL	34236-4708	SARASOTA FL 34236-4708		12/02/1983		
US		US		4. FEI Number	Applied For	
				59-2501857	Not Applicable	
2. Principal P	lace of Business	2e. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
		27		Trust Fund Contribution	Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
23		28			No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible	
24	25 9, Name and Address of Currer		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes 🔼 No	
	s, Italia and Addiess of Colle	it Hofisteron Water	81 Name	ID. Name and Address of New Registered	Agont	
01111111111						
			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
800 HUDSON AVE 101			83			
SARASOTA FL 34238						
			84 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation				poration submits this statement for the purpose of	f 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 ago	ent and title if applicable (NOTE:	Registered Agent signature requir	red when reinstating) DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	Shanahan, dan		1.2 NAME			
STREET ADDRESS	800 HUDSON AVE. 101		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP.			
TALE	VD	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	ILLIANNA, LISA		2.2 NAME			
STREET ADDRESS	800 HUDSON AVE 106		2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2 4 CITY-ST-ZIP		7=-	
TITLE	SD	☐ DELETE	3.1 TITLE	·	Change Addition	
NAME	GILLETT, SUE		3.2 NAME			
STREET ADDRESS	800 HUDSON AVE. 103		3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	T brieff	3.4. CITY - ST - ZIP		The state of the s	
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition	
NAME	PISCOPO, FRANK		4. 2 NAME			
STREET ADDRESS	800 HUDSON AVE. #109		4.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	SARASOTA FL	T brieve	4.4 CITY - ST - ZIP		Chance Little	
TITLE	TD	DELETE	5.1 TITLE		Change Addition	
NAME	LYONS, MARY		5.2 NAME			
STREET ADDRESS	800 HUDSON AVE 107		5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		T DECEIE	6.1 TITLE		C regulate T Manufacti	
NAME OTDEET ADODESO			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 impowered 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.

OLONIATURE.

DayShaunh

4/6/98 941-925-765

FILED

Apr 13 1998 8:00am

Secretary of State