FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90005 033 ****61.25

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DOCUMENT # N00152

1. Corporation Name

HUDSON HARBOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 HUDSON AVE. #101 SARASOTA FL 34236-4708 US	800 HUDSON AVE #101 SARASOTA FL 34236-4708 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 800 Hudson Ave.	26 800 Hudson Ave.	12/02/1983
Suite, Apt. #, etc. 22 --	Suite, Apt. #, etc. 27 --	4. FEI Number 59-2501857 ☐ Applied For ☐ Not Applicable
City & State 23 Sarasota FL	City & State 28 Sarasota FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34236 25 USA	Zip / Country 29 34236 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHANAHAN, D. 800 HUDSON AVE 101 SARASOTA FL 34236	81 Name: Mary Lyons, Pres. 82 Street Address (P.O. Box Number is Not Acceptable): 800 Hudson Ave #107 83 84 City: Sarasota FL 85 Zip Code: 34236

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: Mary Lyons Mary Lyons, Pres. 1-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	Dir.	☐ Change XX Addition
NAME	SHANAHAN, DAN		1.2 NAME	Bramwell Coles	
STREET ADDRESS	800 HUDSON AVE. 101		1.3 STREET ADDRESS	800 Hudson Ave #105	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	VD	☒ DELETE	2.1 TITLE	Vice Pres., Dir.	☐ Change X☒ Addition
NAME	ILLIANNA, LISA		2.2 NAME	Mary C. Jackson	
STREET ADDRESS	800 HUDSON AVE 106		2.3 STREET ADDRESS	800 Hudson Ave #102	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	SD	☒ DELETE	3.1 TITLE	Sec., Dir.	☐ Change XX Addition
NAME	GILLETT, SUE		3.2 NAME	Sue Ellen Jackson	
STREET ADDRESS	800 HUDSON AVE. 103		3.3 STREET ADDRESS	800 Hudson Ave #103	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	D	☐ DELETE	4.1 TITLE		X☒ Change ☐ Addition
NAME	PISCOPO, FRANK		4.2 NAME		
STREET ADDRESS	800 HUDSON AVE. #109		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	34236	
TITLE	TD	☐ DELETE	5.1 TITLE	Pres., Treas., Dir.	X☒ Change ☐ Addition
NAME	LYONS, MARY		5.2 NAME		
STREET ADDRESS	800 HUDSON AVE 107		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	34236	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Sue Ellen Jackson SIGNATURE REQUIRED Sue Ellen Jackson 1-8-99 (941) 366-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #