

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90220 003 ****61.25

14010265



DOCUMENT # N00152 1. Entity Name HUDSON HARBOUR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 800 HUDSON AVE SARASOTA, FL 34236 US				Mailing Address 800 HUDSON AVE SARASOTA, FL 34236 US	
2. Principal Place of Business <i>Progressive Community Mgmt Inc</i> Suite, Apt. #, etc. <i>1801 Glengary Street</i> City & State <i>Sarasota FL</i> Zip <i>34231</i>		3. Mailing Address <i>Progressive Community Mgmt Inc</i> Suite, Apt. #, etc. <i>1801 Glengary Street</i> City & State <i>Sarasota FL</i> Zip <i>34231</i>		01232004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2501857		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM MGMT INC 1801 GLENGARY STREET SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name <i>Progressive Community Management, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>1801 Glengary Street</i> City <i>Sarasota</i> FL Zip Code <i>34231</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Jim Markel</i> DATE <i>4/15/04</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIRTA, ANITA 800 HUDSON AVE #105 SARASOTA, FL 34236	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Long, Anne 800 Hudson Avenue, #208 Sarasota, FL 34236
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAUFIELD, CANDI 800 HUDSON AVE. #109 SARASOTA, FL 34236	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Hudson Avenue, #108
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYONS, MARY 800 HUDSON AVE 107 SARASOTA, FL 34236	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Markel, Jim 1801 Glengary Street Sarasota, FL 34231
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OGLETREE, WO 800 HUDSON AVE 101 SARASOTA, FL 34236	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Sutton, William 1801 Glengary Street Sarasota, FL 34231
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHARD, CLARK P 1801 GLENGARY STREET SARASOTA, FL 34231	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jim Markel</i> DATE: <i>4/15/04</i> DAYTIME PHONE #: <i>941-921-5393</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					