

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001238

FILED
Apr 22, 2009
Secretary of State

Entity Name: HUDSON BEACH POINT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4630 DARLINGTON ROAD
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

4630 DARLINGTON ROAD
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 65-1171303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC GEEHAN, C J
4630 DARLINGTON ROAD
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MC GEEHAN, C J
Address: 4630 DARLINGTON ROAD
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: CARANGI, DAVID
Address: 5814 ASHEN AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: SHIRE, CONNIE R
Address: PO BOX 3314
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. J. MC GEEHAN

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date