

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90034 001 \*\*\*910.00

**DOCUMENT # N01000004573**

1. Entity Name

NHDC HUDSON HILL ESTATES APARTMENTS, INC.



Principal Place of Business

10681 FOOTHILL BLVD., STE. 220  
RANCHO CUCAMONGA, CA 91730

Mailing Address

10681 FOOTHILL BLVD., STE. 220  
RANCHO CUCAMONGA, CA 91730



07012005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3728334

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME JACKSON, MARY A  
STREET ADDRESS 10621 CIVIC CENTER DR., 1ST FLOOR  
CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730

TITLE D  
NAME BURUM, JEFFREY S  
STREET ADDRESS 10621 CIVIC CENTER DR., 1ST FLOOR  
CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730

TITLE D  
NAME CORZATT, JAMES  
STREET ADDRESS 10621 CIVIC CENTER DR., 1ST FLOOR  
CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/05 (909) 291-1400