

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90020 017 ****61.25

DOCUMENT # N02000005070			
1. Entity Name SOUTH BEACH HUDSON CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 420 15TH STREET MIAMI BEACH FL 33315		Mailing Address 518 NE 72 ST. MIAMI FL 33138	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



54012834



MOORE CR2E037 (11/03)

4. FEI Number 03-0500580		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENNETT, JOAN 518 NE 72 ST. MIAMI FL 33138				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				FL		Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PSTD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROGERS, PATRICIA F			NAME	Diane Camaderi		
STREET ADDRESS	1526 SHRADER ST.			STREET ADDRESS	420 15 ST #209		
CITY-ST-ZIP	SAN FRANCISCO CA 94117			CITY-ST-ZIP	MIAMI, FL 33139		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROGERS, JULIE			NAME	DAVID BARTHOLD.		
STREET ADDRESS	1526 SHRADER ST.			STREET ADDRESS	420 15 ST # 307		
CITY-ST-ZIP	SAN FRANCISCO CA 94117			CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENNETT, JOAN			NAME	JASON HILL		
STREET ADDRESS	518 NE 72 ST.			STREET ADDRESS	420 15 ST #111		
CITY-ST-ZIP	MIAMI FL 33138			CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Joan Bennett* 2/18/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #