


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90093 003 \*\*\*\*61.25

**DOCUMENT # N02000005070**

1. Entity Name  
**SOUTH BEACH HUDSON CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**420 15TH STREET**      **420 15TH STREET**  
**MIAMI BEACH FL 33315**      **MIAMI BEACH FL 33315**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      **518 NE 72 ST**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**MIAMI FL**      **FL**      **03 05 00580**       Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**33138**      **33138**



CHECK HERE IF MAKING CHANGES

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

**ROGERS, PATRICIA F**  
**4531 POST AVENUE**  
**MIAMI BEACH FL 33140**

**7. Name and Address of New Registered Agent**

Name **Joan Bennett**  
Street Address (P.O. Box Number is Not Acceptable)  
**518 NE 72 ST**

City **MIAMI, FL 33138**      Zip Code **FL**

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 *Joan Bennett*      DATE **4/3/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing       **\$5.00** May Be Added to Fees

Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PSTD</b>	<b>ROGERS, PATRICIA F</b>	<b>4531 POST AVENUE</b>	<b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/>
<b>D</b>	<b>ROGERS, JULIE</b>	<b>4531 POST AVENUE</b>	<b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/>
<b>D</b>	<b>BENNETT, JOAN</b>	<b>420 15TH STREET</b>	<b>MIAMI BEACH FL 33315</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>PSTD</b>	<b>ROGERS, PATRICIA F</b>	<b>1526 SHADOL ST</b>	<b>SAN FRANCISCO, CA 94117</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	<b>ROGERS, JULIE</b>	<b>1526 SHADOL ST</b>	<b>SAN FRANCISCO, CA 94117</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	<b>Joan Bennett</b>	<b>518 NE 72 ST</b>	<b>MIAMI, FL 33138</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*      **REQUIRED**      **4/3/03**      **355532 7878**

CR2E037 (10/02)