


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000006908
 1. Entity Name
 HUDSON BAYOU NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1800 SECOND STREET SUITE 799 1800 SECOND STREET SUITE 799
 SARASOTA, FL 34236 SARASOTA, FL 34236

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02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 20-2198002 Not Applicable

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

6. Name and Address of Current Registered Agent
 CHAPMAN, SUSAN
 1800 SECOND STREET SUITE 799
 SARASOTA, FL 34236

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAPMAN, SUSAN
STREET ADDRESS	1621 BAY POINTE CT
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	RIFFEL, RONALD
STREET ADDRESS	1741 ALTA VISTA ST
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	SERBERT, PANDORA
STREET ADDRESS	1703 VISTA ST
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	WALRATH, DAVID
STREET ADDRESS	1005 S ORANGE AVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	T
NAME	MYERS, RICHARD
STREET ADDRESS	1025 POMELO
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	CASS, MARGARET
STREET ADDRESS	1658 LAMA LINDA ST
CITY-ST-ZIP	SARASOTA, FL 34239

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 02/12/07-80028-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 2/2/07 (941) 914-1502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Florida Phone #)