


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90020 017 \*\*\*\*61.25

<b>DOCUMENT #</b> N04000009088	
<b>1. Entity Name</b> HUDSON COMMUNITY CLUB, INC.	

<b>Principal Place of Business</b> 14121 WATER TOWER DRIVE HUDSON FL 34667	<b>Mailing Address</b> 14121 WATER TOWER DRIVE HUDSON FL 34667
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<b>2. Principal Place of Business</b> Same	<b>3. Mailing Address</b> 14121 water Tower Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Same	<b>City &amp; State</b> Same
<b>Zip</b> Same	<b>Country</b> USA
<b>Zip</b> Same	<b>Country</b> USA

1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> BEIL, EUGENE ESQ. 12312 U.S. HIGHWAY 19 HUDSON FL 34667	<b>7. Name and Address of New Registered Agent</b> Name: Same Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	<b>DATE</b>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P <input type="checkbox"/> Delete	<b>NAME</b> COLLARD, HAZEL	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 16208 LARSON LANE		<b>NAME</b>	
<b>CITY-ST-ZIP</b> HUDSON FL 34667		<b>STREET ADDRESS</b>	
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> ROBBINS, LEONA	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 13906 MARGO AVENUE		<b>NAME</b>	
<b>CITY-ST-ZIP</b> HUDSON FL 34667		<b>STREET ADDRESS</b>	
<b>TITLE</b> S <input type="checkbox"/> Delete	<b>NAME</b> AMSTUTZ, MAUDE	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> JR PARK NORTH		<b>NAME</b>	
<b>CITY-ST-ZIP</b> PORT RICHEY FL 34668		<b>STREET ADDRESS</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Hazel Collard 2/24/06 727-863-8059