


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90036 049 \*\*\*\*61.25

<b>DOCUMENT # N07000010259</b> 1. Entity Name HUDSON CROSSING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 530 SOUTH ORANGE AVENUE SARASOTA, FL 34236				Mailing Address 530 SOUTH ORANGE AVENUE SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 4370 S. Tamiami Trail		3. Mailing Address 4370 S. Tamiami Trail			
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102			
City & State Sarasota, Florida		City & State Sarasota, Florida		4. FEI Number 26-1530874	
Zip 34231		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  ROSENBLUM, HARRY K 530 SOUTH ORANGE AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name <u>Casey Management, Bridget Spence</u> Street Address (P.O. Box Number is Not Acceptable) 4370 S. Tamiami Trail #102 City <u>Sarasota</u> <u>FL</u> <u>34231</u>	
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 <u>Bridget Spence</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-28-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSENBLUM, HARY K 530 SOUTH ORANGE AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD GRAHAM, GEORGE A 666 THIRD AVENUE, 26TH FLOOR NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAHAM, ELIZABETH C 1105 PARK AVENUE, APT. 8D NEW YORK, NY 10128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>[Signature]</u> <u>President &amp; Director</u> <u>3/25/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

941.330.0966