FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N32418

(8)

FILED Apr 23 1998 8:00am Secretary of State

HUDSON VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Plac	ce of Business	Mailing Address	Mailing Address		T SAMELINE MAN TITLE TLAIL DIBNY LIANT LIANT BIRTH
C/O MAYNARO 2700 NORTH N TAMPA FL 336	IACDILL AVENUE		C/O MAYNARD FERNANDEZ 2700 NORTH MACDILL AVENUE TAMPA FL 33607		Date Incorporated or Qualified 05/22/1989 FEI Number Applied For
L '	Place of Business	2a. Mailing Address	2s. Mailing Address		59-3026137 Not Applicable 5. Certificate of Status Desired S8.75 Additional
21 Suite Ant	# sto	26			5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	28	Coun	trv	Yes No
24	26	29	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Registered Agent
			6	1 Name	
FERNANDEZ, MAYNARD			ē	2 Street	Address (P.O. Box Number is Not Acceptable)
	ORTH MACDILL AVENUE		ļ.	13	
IAMEA	FL 33607		۱,	~	
				4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617	.0502 and 617.1508, Florida Statu	tes, the abo	ve-named	
office or r agent. I a	registered agent, or both, in the S im familiar with, and accept the o	State of Florida. Such change was ibligations of, Section 617.0503, Fl	authorized Iorida Statul	by the corp les.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12,	Signature, typed or printed name of registers	ed agent and title if applicable (NO: AND DIRECTORS	TE: Registered /	gent signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVP	DELETE	1.1 THU	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	FERNANDEZ, MAYNARD		1.2 NAM		
STREET ADDRESS	2700 N. MACDILL AVENUI	E	1.3 STR	ET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY	- ST - ZIP	
TITLE	DP .	☐ DELETE	2 1 TITL		☐ Change ☐ Addition
NAME	COTTER, W. JEFFREY	-	2.2 NAM	E	
STREET ADDRESS	2700 N. MACDILL AVENUE			ET ADDRESS	1
CITY-ST-ZIP TITLE	TAMPA FL 33607	DELETE		- ST - ZIP	Character Thanks
NAME	PHILLIPS, GEORGE-W.	NEW DECEME	3.1 TITL(3.2 NAM		D M Change Addition
STREET ADDRESS	8001 N.DALE MABRY #40	1A		ET ADDRESS	HENNANDEL JUNIV
CITY-ST-ZIP	TAMPA FL	***		'-ST-ZIP	FERNANDEZ, JOHN 2700 N MACDILL AVE # 115 TAMPA FL 33607
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	ie	
Street Address			4.3 STRE	ET ADORESS	
CITY-ST-ZIP	7		4.4 CITY	-ST-ZIP	
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAM		
STREET ADORESS				ET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY	1	The state of the s
NAME			6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAM	ET ADORESS	
CITY-ST-ZIP				·	
	portify that the information symplic	and the state of t	6.4 CITY	-31-ZH	1

4. 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 annual report or supplemental annual 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 truster empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maria de Maria VIII de la la

4-14-98

R2E037 (10/97)