


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

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|---|--|--|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT<br><b>1998</b>  |  |                                   |   | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                     |  |
| <b>DOCUMENT # N32418 (8)</b><br>1. Corporation Name<br><b>HUDSON VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>C/O MAYNARD FERNANDEZ<br/>2700 NORTH MACDILL AVENUE<br/>TAMPA FL 33607</b>  |  |  | Mailing Address<br><b>C/O MAYNARD FERNANDEZ<br/>2700 NORTH MACDILL AVENUE<br/>TAMPA FL 33607</b>  |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country                           |   | 3. Date Incorporated or Qualified<br><b>05/22/1989</b><br>4. FEI Number<br><b>59-3026137</b><br>Applied For<br>Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No           |  |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |   |  |
| 9. Name and Address of Current Registered Agent<br><b>FERNANDEZ, MAYNARD<br/>2700 NORTH MACDILL AVENUE<br/>TAMPA FL 33607</b>   |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |   |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |   |  |
| 12. OFFICERS AND DIRECTORS  |  |  |   |   |  |
| TITLE   | DVP <input type="checkbox"/> DELETE  |  |   |   |  |
| NAME  | FERNANDEZ, MAYNARD   |  |   |   |  |
| STREET ADDRESS  | 2700 N. MACDILL AVENUE   |  |   |   |  |
| CITY-ST-ZIP   | TAMPA FL   |  |   |   |  |
| TITLE   | DP <input type="checkbox"/> DELETE   |  |   |   |  |
| NAME  | COTTER, W. JEFFREY   |  |   |   |  |
| STREET ADDRESS  | 2700 N. MACDILL AVENUE   |  |   |   |  |
| CITY-ST-ZIP   | TAMPA FL 33607   |  |   |   |  |
| TITLE   | D <input checked="" type="checkbox"/> DELETE                                 |  |   |   |  |
| NAME  | PHILLIPS, GEORGE W.  |  |   |   |  |
| STREET ADDRESS  | 8001 N. DALE MABRY #401A   |  |   |   |  |
| CITY-ST-ZIP   | TAMPA FL   |  |   |   |  |
| TITLE   | <input type="checkbox"/> DELETE  |  |   |   |  |
| NAME  |  |  |   |   |  |
| STREET ADDRESS  |  |  |   |   |  |
| CITY-ST-ZIP   |  |  |   |   |  |
| TITLE   | <input type="checkbox"/> DELETE  |  |   |   |  |
| NAME  |  |  |   |   |  |
| STREET ADDRESS  |  |  |   |   |  |
| CITY-ST-ZIP   |  |  |   |   |  |
| TITLE   | <input type="checkbox"/> DELETE  |  |   |   |  |
| NAME  |  |  |   |   |  |
| STREET ADDRESS  |  |  |   |   |  |
| CITY-ST-ZIP   |  |  |   |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |   |   |  |
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |   |  |
| 1.2 NAME  |  |  |   |   |  |
| 1.3 STREET ADDRESS  |  |  |   |   |  |
| 1.4 CITY-ST-ZIP   |  |  |   |   |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |   |  |
| 2.2 NAME  |  |  |   |   |  |
| 2.3 STREET ADDRESS  |  |  |   |   |  |
| 2.4 CITY-ST-ZIP   |  |  |   |   |  |
| 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |  |
| 3.2 NAME  | D FERNANDEZ, JOHN  |  |   |   |  |
| 3.3 STREET ADDRESS  | 2700 N MACDILL AVE #115  |  |   |   |  |
| 3.4 CITY-ST-ZIP   | TAMPA FL 33607   |  |   |   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |   |  |
| 4.2 NAME  |  |  |   |   |  |
| 4.3 STREET ADDRESS  |  |  |   |   |  |
| 4.4 CITY-ST-ZIP   |  |  |   |   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |   |  |
| 5.2 NAME  |  |  |   |   |  |
| 5.3 STREET ADDRESS  |  |  |   |   |  |
| 5.4 CITY-ST-ZIP   |  |  |   |   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |   |  |
| 6.2 NAME  |  |  |   |   |  |
| 6.3 STREET ADDRESS  |  |  |   |   |  |
| 6.4 CITY-ST-ZIP   |  |  |   |   |  |

SIGNATURE:

*[Signature]*

4-14-98

CR2E037 (10/97)