

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004937

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: HUDSON RECREATION CLUB, INC.

## Current Principal Place of Business:

7031 SILVER LAKE DR.  
PALATKA, FL 32177

## New Principal Place of Business:

## Current Mailing Address:

2015 GILLIS ST.  
PALATKA, FL 32177

## New Mailing Address:

PO BOX 414  
PALATKA, FL 32178

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MEREDITH, PAUL M  
626 REID STREET  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TYRE, STEVE  
Address: P.O. BOX 53  
City-St-Zip: PALATKA, FL 32178

Title: D ( ) Delete  
Name: BARNARD, TOMMY  
Address: P.O. BOX 349  
City-St-Zip: BOSTWICK, FL 32007

Title: D ( ) Delete  
Name: POITEVINT, ELAINE  
Address: 120 PANTHER LANE  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: HOWE, ANN  
Address: 2015 GILLIS ST  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: POITEVENT, ELAINE  
Address: 122 PANTHER TRAIL  
City-St-Zip: PALATKA, FL 32177

Title: V-P (X) Change ( ) Addition  
Name: DAWSON, LISA  
Address: 100 INDIANA AVE  
City-St-Zip: PALATKA, FL 32177

Title: SEC (X) Change ( ) Addition  
Name: GERBICH, CARLA  
Address: 2043 FOXWOOD LN.  
City-St-Zip: PALATKA, FL 32177

Title: TREA (X) Change ( ) Addition  
Name: RESTOR, DON  
Address: PO BOX 972  
City-St-Zip: EAST PALATKA, FL 32131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE POITEVENT

PRES

04/04/2007

Electronic Signature of Signing Officer or Director

Date