

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729454

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: HYDE PARK PRESERVATION, INC.

**Current Principal Place of Business:**

840 SOUTH DAKOTA  
TAMPA, FL 33606

**New Principal Place of Business:**

901 S ORLEANS AVE  
TAMPA, FL 33606

**Current Mailing Address:**

PO BOX 2084  
TAMPA, FL 33601

**New Mailing Address:**

FEI Number: 59-3095027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRITAIN, MARY  
840 SOUTH DAKOTA  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

RAMM, CYNTHIA H  
901 S ORLEANS  
TAMPA, FL 33606 US

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: CYNTHIA H RAMM

02/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRITAIN, MARY  
Address: 840 SOUTH DAKOTA  
City-St-Zip: TAMPA, FL 33606

Title: DS ( ) Delete  
Name: THOMPSON, LAUREL  
Address: 810 SOUTH BOULVARD  
City-St-Zip: TAMPA, FL 33606

Title: DT ( ) Delete  
Name: MAURILLO, CHRIS  
Address: 712 SOUTH FIELDING AVENUE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RAMM, CINDY  
Address: 901 S ORLEANS  
City-St-Zip: TAMPA, FL 33606

Title: PE (X) Change ( ) Addition  
Name: CIMINO, PAT  
Address: 709 S DELAWARE  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CYNTHIA H RAMM

PD

02/21/2007

Electronic Signature of Signing Officer or Director

Date