

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001088

FILED
Mar 16, 2009
Secretary of State

Entity Name: HYDE PARK WALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

777 S HARBOUR ISLAND BLVD
SUITE 270
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DR
STE 260
CLEARWATER, FL 33762

New Mailing Address:

201 E. KENNEDY BLVD
SUITE 775
TAMPA, FL 33602

FEI Number: 20-2294625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
777 S HARBOUR ISLAND BLVD 270
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

JAMES R. DE FURIO, P.A. TRUST ACCOUNT
201 E. KENNEDY BLVD
SUITE 775
TAMPA, FL 33602 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: JAMES DE FURIO, PA

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MAREK, JOHN
Address: 811-A S OREGON AVE
City-St-Zip: TAMPA, FL 33606

Title: DP () Delete
Name: AUGUSTUS, CHARLES
Address: 800 S DAKOTA AVE 407
City-St-Zip: TAMPA, FL 33606

Title: DS () Delete
Name: OLIVER, REX
Address: 800 S DAKOTA AVE #407
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: PERRY, BILL
Address: 800 S DAKOTA AVE #208
City-St-Zip: TAMPA, FL 33606

Title: D (X) Delete
Name: COMBS, MELISSA
Address: 800 S DAKOTA AVE #339
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP/S (X) Change () Addition
Name: OLIVER, REX
Address: 800 S DAKOTA AVE #407
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change () Addition
Name: NORTHCUTT, SUSAN
Address: 800 S. DAKOTA AVE. #301
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 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: CHARLES AUGUSTA

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date