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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31140

1. Corporation Name

HYDE PARK CONDOMINIUMS OF TAMPA BAY OWNERS ASSOCIATION, INC.

Principal Place of Business

2007 W DE LEON ST
UNIT A
TAMPA FL 33606
US

Mailing Address

2007 W DE LEON ST
UNIT A
TAMPA FL 33606-2081
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/13/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3175388

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKIPPER, SR. J. STANLEY
2007 W. DELEON AVE.
UNIT A
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVD DELETE

NAME HIEBER, SHEILA B
STREET ADDRESS 2007 W DELEON ST, #D
CITY-ST-ZIP TAMPA FL

1.1 TITLE Change Addition

TITLE PTD DELETE

NAME SKIPPER, J. STANLEY
STREET ADDRESS 2007 W DELEON ST, #A
CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition

TITLE D DELETE

NAME GINSBURG, CHARLOTTE
STREET ADDRESS 2207 W DELOEN ST, #B
CITY-ST-ZIP TAMPA FL 33606

3.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

14. 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 trustee 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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Stanley Skipper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 813/254-1787
Date Daytime Phone #

CR2E037-(1/198)

0049850