


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90500 031 \*\*\*\*61.25

**DOCUMENT # N31140**

1. Entity Name  
**HYDE PARK CONDOMINIUMS OF TAMPA BAY OWNERS ASSOCIATION, INC.**



04053320



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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04212004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3175388**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**-6- Name and Address of Current Registered Agent**

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

**-7. Name and Address of New Registered Agent-**

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

Change  Addition

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

Change  Addition

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

Change  Addition

Delete

Change  Addition

Delete

Change  Addition

Delete

Change  Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

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

**4/21/04**  
Date Daytime Phone #