


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31140**  
 1. Entity Name  
**HYDE PARK CONDOMINIUMS OF TAMPA BAY OWNERS ASSOCIATION, INC.**



Principal Place of Business :	Mailing Address
2007 W DE LEON ST UNIT A TAMPA, FL 33606 US	2007 W DE LEON ST UNIT A TAMPA, FL 33606-2081 US

**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3175388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HIEBER, SHEILA B 2007 W DELEON ST, #D TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SKIPPER, J. STANLEY 2007 W DELEON ST, #A TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000304883  
 04/14/05-80053-025 61.25

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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 all other like empowered.

SIGNATURE: *J. Stanley Skipper Pres.* **4/12/05 813/254-1787**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #