

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90814 002 \*\*\*\*61.25

0039939

DOCUMENT # N96000004597

1. Entity Name

**HISTORIC HYDE PARK NEIGHBORHOOD ASSOCIATION, INC**

Principal Place of Business

Mailing Address

2111 W WATROSS AVE  
 TAMPA FL 33606

2111 W WATROSS AVE  
 TAMPA FL 33606

B0126850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~2111 W~~ 2104 W. Watrous Ave

P.O. Box 2990

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Tampa, FL

Tampa, FL

59-3398233

Zip 33606

Country USA

Zip 33601-2990

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILLAIRGE, DEVIN A  
 2111 W WATROSS AVE  
 TAMPA FL 33606

Name Brooke Melendi

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

2104 W. Watrous Ave.

City Tampa

FL

Zip Code 33606

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.

SIGNATURE *Brooke Melendi*

Brooke Melendi

5/1/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DVP	MELENDI, BROOKE	2102 W WATROSS AVE	TAMPA FL 33606	<input checked="" type="checkbox"/>
D	CUDLIP, ROSEANN	2007 W MORRISON AVE	TAMPA FL 33606	<input type="checkbox"/>
PT	BAILLAIRGE, DEVIN	2111 W WATROSS AVE	TAMPA FL 33606	<input checked="" type="checkbox"/>
D	PELLECCHIA, J D	2113 HILLS AVE	TAMPA FL 33606	<input type="checkbox"/>
D	CROUP, RICK	1904 MORRISON AVENUE	TAMPA FL 33606	<input checked="" type="checkbox"/>
D	SOLLARS, ROE	905 SOUTH PACKWOOD AVE	TAMPA FL 33606	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Jeanne Holton Carufel	1721 W. Hills Ave	Tampa FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Susan Jones	1704 W. Jettan Ave.	Tampa, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Nell Abram	2111 DEKLE AVE.	Tampa, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Roger Grunke	1906 Morrison Ave	Tampa, 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Brooke Melendi	2104 W. Watrous Ave.	Tampa, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Brooke Melendi* Brooke Melendi 5/1/02 813-254-5374

CR2E037 (9/01)