


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/31/2006-90002-023-\$70.00-\$70.00

DOCUMENT # N96000004597 1. Entity Name HISTORIC HYDE PARK NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 2990 TAMPA, FL 33601	Mailing Address PO BOX 2990 TAMPA, FL 33606
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2. Principal Place of Business 1906 Morrison AVE Suite, Apt. #, etc. Tampa FL 33606 City & State Tampa Florida Zip Country 33606 US	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED
06 OCT 16 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08292006	Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3398233	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRUNKE, ROGER PRES P.O. BOX 2990 TAMPA, FL 33601	7. Name and Address of New Registered Agent Name ROGER GRUNKE Street Address (P.O. Box Number is Not Acceptable) 1906 Morrison AVE City TAMPA FL Zip Code 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: *Roger J. Grunke* DATE: 9/20/06

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P. GRUNKE, ROGER <input type="checkbox"/> Delete
NAME	GRUNKE, ROGER
STREET ADDRESS	P.O. BOX 2990
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	VANN, DENNIS
STREET ADDRESS	PO BOX 2990
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	FARVER, JANINE
STREET ADDRESS	P.O. BOX 2990
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	S FARRELL-QUINN, JOANN <input type="checkbox"/> Delete
NAME	FARRELL-QUINN, JOANN
STREET ADDRESS	P.O. BOX 2990
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	D BILLE, MICHAEL <input checked="" type="checkbox"/> Delete
NAME	BILLE, MICHAEL
STREET ADDRESS	PO BOX 2990
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	D PHILLIPS, JOHN C <input type="checkbox"/> Delete
NAME	PHILLIPS, JOHN C
STREET ADDRESS	PO BOX 2990
CITY-ST-ZIP	TAMPA, FL 33601

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D MICHAEL VILLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL VILLA
STREET ADDRESS	P.O. Box 2990
CITY-ST-ZIP	TAMPA FL 33601 8/10/19
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS VANN
STREET ADDRESS	P.O. Box 2990
CITY-ST-ZIP	TAMPA FL 33601
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Hollingsworth
STREET ADDRESS	P.O. Box 2990
CITY-ST-ZIP	TAMPA FL 33601
TITLE	D Rosemary HENDERSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEMARY HENDERSON
STREET ADDRESS	PO. Box 2990
CITY-ST-ZIP	TAMPA FL 33601
TITLE	D BARBARA DEAKIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA DEAKIN
STREET ADDRESS	P.O. Box 2990
CITY-ST-ZIP	TAMPA FL 33601
TITLE	D Dallas Coffield <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dallas Coffield
STREET ADDRESS	PO. Box 2990
CITY-ST-ZIP	TAMPA FL 33601

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dennis Vann* DENNIS VANN DATE: 8/29/06 (813) 227-9190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #