


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90068 041 ****61.25

DOCUMENT # N96000004597					
1. Entity Name HISTORIC HYDE PARK NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1906 MORRISON AVE TAMPA, FL 33606			Mailing Address PO BOX 2990 TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03062008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3398233	
				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			7. Name and Address of New Registered Agent		
GRUNKE, ROGER PRES 1906 MORRISON AVE TAMPA, FL 33606			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
10. Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNKE, ROGER		NAME	GRUNKE, ROGER	
STREET ADDRESS	1906 MORRISON AVE		STREET ADDRESS	1906 MORRISON AVE	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANN, DENNIS		NAME	DEAKIN, BARBARA	
STREET ADDRESS	1409 S. DESOTO AVE		STREET ADDRESS	1408 S. DESOTO AVE	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFIELD, DALLAS		NAME	COFFIELD, DALLAS	
STREET ADDRESS	2104 W. DEKLE AVE		STREET ADDRESS	2104 W. DEKLE AVE	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL-QUINN, JOANN		NAME	HEISE, MARY	
STREET ADDRESS	907 S. BRUCE STREET		STREET ADDRESS	1821 RICHARDSON PLACE	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, ROSEMARY		NAME	ROSEMARY HENDERSON	
STREET ADDRESS	2001 BAYSHORE BLVD		STREET ADDRESS	2001 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, JOHN		NAME	BAILEY, DONWALLY	
STREET ADDRESS	1704 JETTON AVE		STREET ADDRESS	1908 MORRISON AVE	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
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: <i>Barbara Deakin</i>		BARBARA DEAKIN		DIRECTOR, TREASURER	
				Date 4/15/08 813-839-2811	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

ATTACHMENT

40074334

11. TITLE: D ~~# 196000004597~~ ADDITION
NAME: PRESTON, MARIE
ADDRESS: 1818 RICHARDSON PLACE
CITY, ST, ZIP: TAMPA, FL 33606

TITLE: D ADDITION
NAME: KIRSCHNER, CHRIS
ADDRESS: 1714 W MORRISON AVE
CITY, ST, ZIP: TAMPA, FL 33606

TITLE: D ADDITION
NAME: WYATT, JACK
ADDRESS: 613 S DELAWARE AVE
CITY, ST, ZIP: TAMPA, FL 33606