

**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 :

**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**

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 ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SVD
NAME	HIEBER, SHEILA B
STREET ADDRESS	2007 W DELEON ST, #D
CITY-ST-ZIP	TAMPA, FL
TITLE	PTD
NAME	SKIPPER, J. STANLEY
STREET ADDRESS	2007 W DELEON ST, #A
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80053-025 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 813/254-1787
Date Daytime Phone