

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003875

**Entity Name:** THE TERRACES OF OLD HYDE PARK CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 30, 2016**  
**Secretary of State**  
**CC9494101696**

**Current Principal Place of Business:**

1731 W. WATROUS AVE.  
#201  
TAMPA, FL 33606-3008

**Current Mailing Address:**

1731 W. WATROUS AVE.  
#201  
TAMPA, FL 33606-3008

**FEI Number: 13-4278098**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WATSON, CHARLES P  
1731 W. WATROUS AVE.  
#201  
TAMPA, FL 33606-3008 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WATSON, CHARLES P  
Address 1731 W. WATROUS AVE., #201  
City-State-Zip: TAMPA FL 33606-3008

Title SD  
Name WHITT, J. PAUL  
Address 1731 W. WATROUS AVE., #202  
City-State-Zip: TAMPA FL 33606-3008

Title TD  
Name PARKER, JEFFREY C  
Address 906 S. BRUCE ST.  
City-State-Zip: TAMPA FL 33606-2845

Title D  
Name BOWEN, JAMES A  
Address 1731 W. WATROUS AVE., #101  
City-State-Zip: TAMPA FL 33606-3008

Title D  
Name PARKER, DANA L  
Address 906 S. BRUCE ST.  
City-State-Zip: TAMPA FL 33606-3008

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JEFFREY C PARKER**

**TD**

**01/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date