

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004597

Entity Name: HISTORIC HYDE PARK NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**2909 W BAY TO BAY BLVD
SUITE 108
TAMPA, FL 33629**Current Mailing Address:**PO BOX 2990
TAMPA, FL 33601 US**FEI Number:** 59-3398233**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEAKIN, BARBARA
2909 W BAY TO BAY BLVD
SUITE 108
TAMPA, FL 33606 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:** BARBARA DEAKIN

01/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ACOSTA, DEL
Address 1903 W BRISTOL AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name LYNCH, MICHAEL
Address 720 S BOULEVARD
City-State-Zip: TAMPA FL 33606

Title DIRECTOR, TREASURER
Name PICONE, GABRIEL
Address 907 S PACKWOOD AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR, PRESIDENT
Name SUMMERVILLE, PATRICIA
Address 2107 W DEKLE AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name CIMINO, PATRICK
Address 604 S OREGON AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR, TREASURER,
SECRETARY
Name DEAKIN, BARBARA
Address 1408 S DE SOTO AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name EACHON, MICHAEL
Address 2104 W DEKLE AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name MCMILLAN, KELLY
Address 2110 W DEKLE AVE
City-State-Zip: TAMPA FL 33606

Continues on page 2

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: BARBARA DEAKIN**SECRETARY**

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name YUSKAITIS, SHAWN
Address 903 S PACKWOOD AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name ALTMAN, ANN
Address 2109 BAYSHORE BLVD
#705
City-State-Zip: TAMPA FL 33606