

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

06/18/2019

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, SECRETARY  
Name NORTH, DIANE  
Address 1809 W INMAN 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  
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

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*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

**TREASURER**

06/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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