

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **713394** (5)
1. Corporation Name

HYDE PARK TOWERS, INC.



| | |
|--|--|
| Principal Place of Business 1801 S. OCEAN DR. HOLLYWOOD FL 33019 | Mailing Address 1801 S. OCEAN DR. HOLLYWOOD FL 33019 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/29/1967 | |
| 4. FEI Number 59-1209074 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

ENTIS, DORA
1801 S OCEAN DRIVE APT 703
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name **ROSE LIPPNER**

82 Street Address (P.O. Box Number is Not Acceptable)
1801 S. OCEAN DR APT 603

83

84 City **HOLLYWOOD** **FL** **85** Zip Code **33019**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Rose Lippner, Secretary* DATE **2/27/98**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|---|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | MARTIN, C | |
| STREET ADDRESS | 1801 SOUTH OCEAN DRIVE, APT. 507 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | PRINCIPE, E. | |
| STREET ADDRESS | 1801 SOUTH OCEAN DRIVE, APT. 605 | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | GREEN, DOREEN | |
| STREET ADDRESS | 1801 SOUTH OCEAN DRIVE, APT. 207 | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | ENTIS, DORA | |
| STREET ADDRESS | 1801 SOUTH OCEAN DRIVE, APT. 703 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MOORE, AL | |
| STREET ADDRESS | 1801 SOUTH OCEAN DRIVE, APT. 403 | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|-----------------------------------|--------------------------|-------------------------------------|
| 1.1 TITLE | PD | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2 NAME | MANNA MARIO | | |
| 1.3 STREET ADDRESS | 1801 S. OCEAN DR APT 505 | | |
| 1.4 CITY-ST-ZIP | HOLLYWOOD FL 33019 | | |
| 2.1 TITLE | VP | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | EUGENE PRINCIPE | | |
| 2.3 STREET ADDRESS | 1801 S. OCEAN DR. APT. 605 | | |
| 2.4 CITY-ST-ZIP | HOLLYWOOD FL 33019 | | |
| 3.1 TITLE | S | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.2 NAME | LIPPNER ROSE | | |
| 3.3 STREET ADDRESS | 1801 S. OCEAN DR APT 603 | | |
| 3.4 CITY-ST-ZIP | HOLLYWOOD FL 33019 | | |
| 4.1 TITLE | TD | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.2 NAME | GLASSER CHARNA | | |
| 4.3 STREET ADDRESS | 1801 S. OCEAN DR APT 401 | | |
| 4.4 CITY-ST-ZIP | HOLLYWOOD FL 33019 | | |
| 5.1 TITLE | D | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | MOORE AL. | | |
| 5.3 STREET ADDRESS | 1801 S OCEAN DR 403 | | |
| 5.4 CITY-ST-ZIP | HOLLYWOOD FL 33019 | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mario Manna* DATE: **2/27/98** (954) 923-7769

CFR2E037 (10/97)