


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90015 019 \*\*\*\*61.25

<b>DOCUMENT # 713394</b>			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1209074

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
IHCOMETTA, ANTHONY 1801 S OCEAN DR SUITE 603 HOLLYWOOD, FL 33019		Name <i>Linda Paleias</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>1801 S. Ocean Dr.</i>	
		<i>Hollywood</i>	
		City	FL Zip Code <i>33019</i>

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 *Linda Paleias* *Linda Paleias, Secretary 2-3-04*

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, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNA, MARIO 1801 S OCEAN DR SUITE 603 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRINCIPE, E. 1801 SOUTH OCEAN DRIVE, APT. 605 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>IHCOMETTA, ANTHONY</del> <i>names spelled incorrectly see below right</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Linda Paleias</i> <i>1801 S. Ocean Dr.</i> <i>Hollywood, FL 33019</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARRVEL, ELLEN 1801 S. OCEAN DR. HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTELLIO, KEN 1801 S. OCEAN DR. HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Anthony Iacometta</i> <i>1801 S. Ocean Dr.</i> <i>Hollywood, FL 33019</i>

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: *Linda Paleias* *Linda Paleias, Secretary 2-3-04 (954) 925-8743*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #