


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90152 003 ****61.25

DOCUMENT # 713394
 1. Entity Name
HYDE PARK TOWERS, INC.



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



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

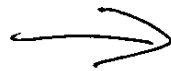
4. FEI Number Applied For
59-1209074 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
PALEIAS, LINDA
 1801 S OCEAN DR
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
 Name: **PATRICIA GENETTI**
 Street Address (P.O. Box Number is Not Acceptable): **1801 S. OCEAN DR. APT. #703**
 City: **HOLLYWOOD** FL Zip Code: **33019**



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 _____ (NOTE: Registered Agent signature required when substituting)
 Signature: Typed or printed name of registered agent and title if applicable DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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	VP PRINCIPE, E. 1801 SOUTH OCEAN DRIVE, APT. 605 HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IACOMETTA, ANTHONY 1801 S. OCEAN DR. HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Delete <i>change TO</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARVEL, ELEANOR 1801 S. OCEAN DR. HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Delete <i>change TO</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTELLIO, KEN 1801 S. OCEAN DR. SUITE 503 HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALEIAS, LINDA 1801 S. OCEAN DR HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Delete <i>change TO</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL URSINI 1801 S. OCEAN DR. # 604 HOLLYWOOD FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA E FUENTES 1801 S. OCEAN DR. # 303 HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMANDO VARONA 1801 S OCEAN DR. # 206 HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICIA GENETTI 1801 S. OCEAN DR. # 703 HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]*

4-11-06 954-927-5616