


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90037 040 \*\*\*\*61.25

**DOCUMENT # 713394**  
 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

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1209074	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**GENETTI, PATRICIA ANTHONY SPALLONE**  
 1801 S. OCEAN DR. APT #~~206~~ 704  
 HOLLYWOOD, FL 33019

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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: Anthony Spallone **SECRETARY** 3/30/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNA, MARIO 1801 S OCEAN DR SUITE <del>605</del> 505 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <del>PRINCIPE, E.</del> <b>DOSTELLIO, KEN</b> 1801 SOUTH OCEAN DRIVE, APT. <del>502</del> 503 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUENTES, MARIA E 1801 S. OCEAN DRIVE #303 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VARONA, ARMANDO 1801 S. OCEAN DRIVE #206 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>DOSTELLIO, KEN</del> <b>URSINI, PAUL</b> 1801 S. OCEAN DR. APT. # 604 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>GENETTI, PATRICIA</del> <b>SPALLONE, ANTHONY</b> 1801 S. OCEAN DRIVE # <del>206</del> 704 HOLLYWOOD, FL 33019

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Maria E Fuentes **MARIA E FUENTES** 3/30/07 954 923 02 05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #