


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 008 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPALLONE, ANTHONY 1801 S. OCEAN DR. APT #704 HOLLYWOOD, FL 33019		Name EDNA LEVY Street Address (P.O. Box Number is Not Acceptable) 1801 S. OCEAN DRIVE APT. 204 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 <i>Edna Levy</i>		DATE 4/3/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 505 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 DOSTELLIO, KEN 1801 S OCEAN DR APT 503 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	T FUENTES, MARIA E 1801 S. OCEAN DRIVE #303 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 VARONA, ARMANDO 1801 S. OCEAN DRIVE #206 HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE ANTONUCCI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1801 S. Ocean Dr. Apt. 508 Hollywood FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URSINI, PAUL 1801 S OCEAN DR APT 604 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	S SPALLONE, ANTHONY 1801 S OCEAN DR 704 HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDNA LEVY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1801 S. Ocean Dr. # 204 Hollywood FL 33019
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: <i>Maria E Fuentes</i>		TREASURER 4/7/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 59-1209074 Applied For Not Applicable

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

→ NEW SEC.