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Aug 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766318** (0)
1. Corporation Name

THE OLD HYDE PARK GARDEN CLUB, INC.



Principal Place of Business 821 S. ORLEANS TAMPA FL 33606 US		Mailing Address 821 S. ORLEANS TAMPA FL 33606-2838 US		3. Date Incorporated or Qualified 12/28/1982	3a. Date of Last Report 09/06/1996
2. Principal Place of Business 21 819 S. Orleans	2a. Mailing Address 25 819 S. Orleans	4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 Tampa, FL	City & State 28 Tampa, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 33606	Country 25 U.S.A.	Zip 29 33606	Country 30 U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GIBBONS, KATIE 912 S DAKOTA AVE TAMPA FL 33606				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box, if applicable) 83 200002280672 08/29/97-01004-016 ***\$1.25 84 City 85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VO	<input type="checkbox"/> DELETE CASPER, LEA ANN 715 S. DELAWARE TAMPA FL 33606	1.1 TITLE 1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PD	<input type="checkbox"/> DELETE SPOFFORD, ANITA 709 S. WILLOW TAMPA FL 33606	1.2 NAME Anna C. Thomas	
STREET ADDRESS CSD	<input type="checkbox"/> DELETE KINMAN, SUZANNE 825 S. WILLOW TAMPA FL 33606	1.3 STREET ADDRESS 821 S. Orleans	
CITY-ST-ZIP T	<input type="checkbox"/> DELETE THOMAS, ANNA C 821 S. ORLEANS TAMPA FL 33606	1.4 CITY-ST-ZIP Tampa, FL 33606	
TITLE VP	<input type="checkbox"/> DELETE WELCH, SALLY 1311 MORRISON TAMPA FL 33606	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RS	<input type="checkbox"/> DELETE SHERWOOD, NAN 802 SOUTH ORLEANS TAMPA FL	2.2 NAME Debra Ann Casper	
STREET ADDRESS VP		2.3 STREET ADDRESS 1002 S. Dakota	
CITY-ST-ZIP RS		2.4 CITY-ST-ZIP Tampa, FL 33606	
TITLE VP		3.1 TITLE Corresponding Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VP		3.2 NAME Trish Moore	
STREET ADDRESS VP		3.3 STREET ADDRESS 821 S. Willow	
CITY-ST-ZIP VP		3.4 CITY-ST-ZIP Tampa, FL 33606	
TITLE VP		4.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VP		4.2 NAME Debra Argemar	
STREET ADDRESS VP		4.3 STREET ADDRESS 819 S. Orleans	
CITY-ST-ZIP VP		4.4 CITY-ST-ZIP Tampa, FL 33606	
TITLE VP		5.1 TITLE 2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VP		5.2 NAME Mary Greagan	
STREET ADDRESS VP		5.3 STREET ADDRESS 821 S. Delaware	
CITY-ST-ZIP VP		5.4 CITY-ST-ZIP Tampa, FL 33606	
TITLE VP		6.1 TITLE Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VP		6.2 NAME Lisa Maxwell	
STREET ADDRESS VP		6.3 STREET ADDRESS 709 S. Delaware	
CITY-ST-ZIP VP		6.4 CITY-ST-ZIP Tampa, FL 33606	

14. I do 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 _____ DATE **8/25/97**

CR2E037 (9/96)