

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 819 S. ORLEANS TAMPA FL 33606 US	Mailing Address 819 S. ORLEANS TAMPA FL 33606 US
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3. Date Incorporated or Qualified
12/28/1982

4. FEI Number
NOT APPLICABLE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent GIBBONS, KATIE 912 S DAKOTA AVE TAMPA FL 33606	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CASPER, LEA ANN
STREET ADDRESS	1002 S. DAKOTA
CITY-ST-ZIP	TAMPA FL 33606
TITLE	OS <input type="checkbox"/> DELETE
NAME	MOORE, TRISH
STREET ADDRESS	826 S. WILLON
CITY-ST-ZIP	TAMPA FL 33606
TITLE	T <input type="checkbox"/> DELETE
NAME	KRAEMER, DEBRA
STREET ADDRESS	819 S. ORLEANS
CITY-ST-ZIP	TAMPA FL 33606
TITLE	IVP <input type="checkbox"/> DELETE
NAME	THOMAS, ANNA C
STREET ADDRESS	821 S. ORLEANS
CITY-ST-ZIP	TAMPA FL 33606
TITLE	2VPD <input type="checkbox"/> DELETE
NAME	GREACEN, MARY
STREET ADDRESS	824 S. DELAWARE
CITY-ST-ZIP	TAMPA FL 33606
TITLE	RS <input type="checkbox"/> DELETE
NAME	MAXWELL, LISA
STREET ADDRESS	709 S. DELAWARE
CITY-ST-ZIP	TAMPA FL 33606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ (812) 254-1125

CR2E037 (10/97)