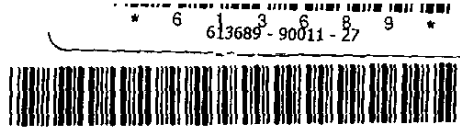


FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90002 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 766318 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	



2. Principal Place of Business 21 718 S. Orleans Ave Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33606 25 Country		2a. Mailing Address 26 718 S. Orleans Ave. Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33606 30 Country		3. Date Incorporated or Qualified 12/28/1982 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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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 Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 Su Lee, Treasurer 8/20/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☒ DELETE	1.1 TITLE	President (CP)	☒ Change ☐ Addition		
NAME	CASPER, LEA ANN		1.2 NAME	Amy Diehl			
STREET ADDRESS	1002 S. DAKOTA		1.3 STREET ADDRESS	832 South Boulevard			
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	Tampa, FL 33606			
TITLE	CS	☒ DELETE	2.1 TITLE	Secretary (S)	☒ Change ☐ Addition		
NAME	MOORE, TRISH		2.2 NAME	Jill Johnson			
STREET ADDRESS	826 S. WILSON		2.3 STREET ADDRESS	817 South Edison			
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP	Tampa, FL 33606			
TITLE	T	☒ DELETE	3.1 TITLE	Treasurer (T)	☒ Change ☐ Addition		
NAME	KRAEMER, DEBRA		3.2 NAME	Su Lee			
STREET ADDRESS	819 S. ORLEANS		3.3 STREET ADDRESS	718 S. Orleans Ave.			
CITY-ST-ZIP	TAMPA FL 33606		3.4 CITY-ST-ZIP	Tampa, FL 33606			
TITLE	1VP	☒ DELETE	4.1 TITLE	Laurel Thompson	☒ Change ☐ Addition		
NAME	THOMAS, ANNA C		4.2 NAME	1st VP (1VP)			
STREET ADDRESS	821 S. ORLEANS		4.3 STREET ADDRESS	810 South Boulevard			
CITY-ST-ZIP	TAMPA FL 33606		4.4 CITY-ST-ZIP	Tampa, FL 33606			
TITLE	2VP	☒ DELETE	5.1 TITLE	Brooke Alexander	☒ Change ☐ Addition		
NAME	GREACEN, MARY		5.2 NAME	2nd VP (2VP)			
STREET ADDRESS	824 S. DELAWARE		5.3 STREET ADDRESS	1008 S. Dakota			
CITY-ST-ZIP	TAMPA FL 33608		5.4 CITY-ST-ZIP	Tampa, FL 33606			
TITLE	RS	☒ DELETE	6.1 TITLE	3rd VP (3VP)	☒ Change ☐ Addition		
NAME	MAXWELL, LISA		6.2 NAME	Elizabeth Warren			
STREET ADDRESS	709 S. DELAWARE		6.3 STREET ADDRESS	807 South Delaware			
CITY-ST-ZIP	TAMPA FL 33606		6.4 CITY-ST-ZIP	Tampa, FL 33606			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED, Su Lee, Treasurer
 Signature and typed or printed name of signing officer or director

Date 8/20/99 Daytime Phone 813-251-4244

CR2E037 (11/98)