

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766318

FILED
Jan 10, 2007
Secretary of State

Entity Name: THE OLD HYDE PARK GARDEN CLUB, INC.

Current Principal Place of Business:

806 S. ORLEANS
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

806 S. ORLEANS
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OVERCASH, JANINE A
806 S. ORLEANS
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIENIEK-ALBERT, JUNE
Address: 715 S. BREVARD AVE.
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: FRENZEL-PICKNEY, SARAH
Address: 825 S. ORLEANS
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: MAURILLO, JANET
Address: 712 S. FIELDING
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: PARKER, ALYSON
Address: 706 S. BOULEVARD
City-St-Zip: TAMPA, FL 33606

Title: VPD (X) Delete
Name: SIMPSON-EINSELEN, ELISE
Address: 1004 S. DAKOTA AVE
City-St-Zip: TAMPA, FL 33606

Title: TD () Delete
Name: OVERCASH, JANINE
Address: 806 SOUTH ORLEANS AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMPSON-EINSELEN, ELISE
Address: 1004 S. DAKOTA AVE
City-St-Zip: TAMPA, FL 33606

Title: VPD (X) Change () Addition
Name: ALBERT BIENICK, JUNE
Address: 715 S. BREVARD
City-St-Zip: TAMPA, FL 33606

Title: VPD (X) Change () Addition
Name: GLAZER, LISA
Address: 908 S. DAKOTA
City-St-Zip: TAMPA, FL 33606

Title: VPD (X) Change () Addition
Name: MANOR, JAN
Address: 719 S. WILLOW
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANINE OVERCASH

TD

01/10/2007

Electronic Signature of Signing Officer or Director

Date