

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K74989

1. Entity Name
HYDE PARK COMMUNITIES, INC.



Principal Place of Business

11300 4 ST N
STE 200
ST. PETERSBURG, FL 33716 US

Mailing Address

11300 4 ST N
STE 200
ST. PETERSBURG, FL 33716 US

FILED
Jan 30, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2947767

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEMBLER, M. STEVEN
11300 4TH ST N STE 200
ST. PETERSBURG, FL 33716

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000021469
01/30/04-80006-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	11300 4 STN, STE 200
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	DPT
NAME	YOUNG, ROBERT B.
STREET ADDRESS	11300 4 ST N, STE 200
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	V
NAME	JOHNSON, DARIAN W.
STREET ADDRESS	11300 4 ST N, STE 200
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	V
NAME	FELICE, DAVID M
STREET ADDRESS	11300 4TH STREET N STE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04

Date

727-577-5522

Daytime Phone #