

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90144 030 ***158.75

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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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2947767	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEMBLER, M. STEVEN 11300 4TH ST N STE 200 ST. PETERSBURG, FL 33716			Name <u>Julie V. Fanelli</u> Street Address (P.O. Box Number is Not Acceptable) <u>11300 Fourth Street North, Suite 200</u> City <u>St. Petersburg</u> FL Zip Code <u>33716</u>		
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 <u>Julie V. Fanelli</u> <u>Julie V. Fanelli</u> <u>4/19/06</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SEMBLER, M. STEVEN 11300 4 STN, STE 200 ST PETERSBURG, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT YOUNG, ROBERT B. 11300 4 ST N, STE 200 ST PETERSBURG, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, DARIAN W. 11300 4 ST N, STE 200 ST. PETERSBURG, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FELICE, DAVID M 11300 4TH STREET N STE 200 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Karen McDonald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11300 Fourth Street North, Suite 200 St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Julie V. Fanelli <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11300 Fourth Street North, Suite 200 St. Petersburg, FL 33716	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David M. Felice</u> <u>4-20-06</u> <u>727-577-5522</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					