
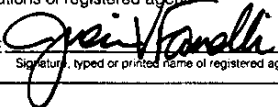



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90073 040 \*\*\*158.75

<b>DOCUMENT # K74989</b> 1. Entity Name <b>HYDE PARK COMMUNITIES, INC.</b>					
Principal Place of Business <b>11300 4 ST N STE 200 ST. PETERSBURG, FL 33716 US</b>			Mailing Address <b>11300 4 ST N STE 200 ST. PETERSBURG, FL 33716 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2947767</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FANELLI, JULIE V 11300 4TH ST N STE 200 ST. PETERSBURG, FL 33716</b>				7. Name and Address of New Registered Agent Name <b>BLAIR COMMUNITIES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11300 4th St. N., Suite 200</b> City <b>St. Petersburg</b> <b>FL</b> <b>33716</b>	
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  <b>Julie V. Fanelli</b> <span style="float: right;">4/17/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
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	DP YOUNG, ROBERT B. 11300 4 ST N, STE 200 ST PETERSBURG, FL	<input type="checkbox"/> Delete			
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	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	T MCDONALD, KAREN 11300 FOURTH STREET N STE 200 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FANELLI, JULIET 11300 4 ST N, STE 200 SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Fanelli, Julie SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>Julie V. Fanelli</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/17/07 727-577-9197 <small>Date Daytime Phone #</small>		

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