

# 2008 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**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**



03072008 No Chg-P CR2E034 (11/05)

**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**

BLAIR COMMUNITIES, INC  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DVS
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	11300 4 STN, STE 200
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	DP
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	T
NAME	MCDONALD, KAREN
STREET ADDRESS	11300 FOURTH STREET N STE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	AS
NAME	FANELLI, JULIE
STREET ADDRESS	11300 4 ST N, STE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716

U000000882357  
04/16/08-80038-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie V. Fanelli

3/12/08 (727) 571-9197

Date

Daytime Phone #