


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90003 002 ****70.00

DOCUMENT # N00000005083

1. Entity Name
 SOHO HYDE PARK TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
 412 S. WESTLAND AVENUE
 ASSOCIATION
 TAMPA, FL 33606

Maining Address
 412 S. WESTLAND AVENUE
 ASSOCIATION
 TAMPA, FL 33606

40097949



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Maining Address
 Suite, Apt. #, etc.

07022006 Chg-NP CR2E037 (4/06)

City & State
 Zip Country

4. FEI Number
 59-3731856


Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 AVENDANO, NIEL
 412 S WESTLAND AVENUE
 #3
 TAMPA, FL 33606

7. Name and Address of New Registered Agent
 Name **BAUGUIL, FRANK**
 Street Address (P.O. Box Number is Not Acceptable)
~~412 S. WESTLAND AVENUE, #1~~
 City **TAMPA** FL Zip Code **33606**

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  **FRANK BAUGUIL** 7/1/2006

Filing Fee is \$61.25
Due by September 6, 2006

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Delete AVENDANO, NIEL 412 S. WESTLAND AVENUE, #3 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete BAUGUIL, FRANK 412 S. WESTLAND AVENUE, #1 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete ROBINSON, RICK 412 S. WESTLAND AVENUE, #2 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete ANDERSON, DENISE 412 S. WESTLAND AVENUE, #4 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McBurnie, Michael 412 S. Westland Avenue, #3 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY ST ZIP	VIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bauguil, Frank 412 S. Westland Avenue, #1 Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Anderson, Denise 412 S. Westland Avenue, #4 Tampa, FL 33606
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"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, within a other fee empowered.

SIGNATURE:  **FRANK BAUGUIL** 7/1/2006 813 334 6783