

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 31, 2011
Secretary of State

Entity Name: HYDE PARK PLACE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2870 SCHERER DRIVE NORTH - SUITE 100
ST. PETERSBURG, FL 33716

New Principal Place of Business:

THE CONTINENTAL GROUP, INC.
2870 SCHERER DRIVE NO, SUITE 100
ST. PETERSBURG, FL 33716

Current Mailing Address:

2870 SCHERER DRIVE NORTH - SUITE 100
ST. PETERSBURG, FL 33716

New Mailing Address:

THE CONTINENTAL GROUP, INC.
2870 SCHERER DRIVE NO, SUITE 100
ST. PETERSBURG, FL 33716

FEI Number: 56-2310613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABIN PARKER.P.A.
28163 U.S. HIGHWAY 19 N., SUITE 207
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: PLUMMER, CAREEN
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33716

Title: SEC
Name: KNIGHT, ANNA
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33716

Title: TRES
Name: WARREN, GERALD
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: PRES
Name: RABBIA, JEFF
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: DIR
Name: MAGNUSON, DEREK
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33716

Title: DIR
Name: WRONA, RUSSELL
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN JONES

LCAM

03/31/2011

Electronic Signature of Signing Officer or Director

Date