

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90218 009 ****70.00

DOCUMENT # N03000001858 1. Entity Name HYDE GROVE OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	
2. Principal Place of Business 2006 WILEY OAKS Ln Suite, Apt. #, etc.		3. Mailing Address P.O. Box 26738 Suite, Apt. #, etc.	
City & State Jacksonville, Fla Zip 32210		City & State Jacksonville, Fla Zip 32226	
Country USA		Country USA	
4. FEI Number 54-2132236		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALICE KENYON 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Catina M. Duke Street Address (P.O. Box Number is Not Acceptable) 2006 WILEY OAKS Lane City Jacksonville FL Zip Code 32210	
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 Catina M. Duke Catina Duke 4-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DUKE, CATINA M 2006 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVIN, FELISHA 2054 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, QUEEN V 2042 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, QUEEN V 2042 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, QUEEN V 2042 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, QUEEN V 2042 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKE, CATINA M 2006 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVIN, FELISHA 2054 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, QUEEN V 2042 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, QUEEN V 2042 WILEY OAKS LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, QUEEN V 2042 WILEY OAKS LANE JACKSONVILLE, FL 32210	<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, with all other like empowered.			
SIGNATURE: Queen V. Seymore 4/21/06 904-765-3105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			