

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000008345

1. Entity Name

HYDE PARK ESTATES HOMEOWNERS' ASSOCIATION, INC.



FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90029 032 ****61.25

Principal Place of Business

Mailing Address

~~X 8200 S FLORIDA AVE, STE 6~~
~~X LAKELAND FL 33813~~

~~X P.O. BOX 1797~~
~~X LAKELAND FL 33813~~

2. Principal Place of Business

4192 Baywater Place

Suite, Apt. #, etc.

3. Mailing Address

4192 Baywater Place

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

65-1205954

Applied For

Not Applicable

Zip

33813

Country

Polk

Zip

33813

Country

Polk

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ALDRIDGE, J.C.~~
~~6700 S. FLORIDA AVE., STE. 6~~
~~LAKELAND FL 33813~~

7. Name and Address of New Registered Agent

Name

Gloria Delaney

Street Address (P.O. Box Number is Not Acceptable)

4192 Baywater Place

City

Lakeland

FL

Zip Code

33813

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

Gloria Delaney

3-30-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ALDRIDGE, J.C.	
STREET ADDRESS	6700 S. FLORIDA AVE., STE. 6	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, D. JOEL	
STREET ADDRESS	4110 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FULLER, LINDA S	
STREET ADDRESS	6700 S. FLORIDA AVE., STE. 6	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, GLORIA	
STREET ADDRESS	4192 Baywater Place	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, NANCY	
STREET ADDRESS	4138 Baywater Place	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NANCY	
STREET ADDRESS	4186 Baywater Place	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the empowered.

SIGNATURE:

Gloria Delaney
Gloria Delaney

3/30/05

863-648-5997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #