

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90023 046 \*\*\*\*61.25

**DOCUMENT # N03000008345**

1. Entity Name  
**HYDE PARK ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**4192 BAYWATER PLACE  
LAKELAND, FL 33812**

Mailing Address  
**4192 BAYWATER PLACE  
LAKELAND, FL 33812**

40093110



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-1205954**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELANEY, GLORIA  
4192 BAYWATER PLACE  
LAKELAND, FL 33813**

Name

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

City

**FL**

Zip Code

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*

*April 27, 2007*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
NAME DELANEY, GLORIA ☐ Delete  
STREET ADDRESS 4192 BAYWATER PLACE  
CITY-ST-ZIP LAKELAND, FL 33812

TITLE VD  
NAME BASSETT, NANCY ☒ Delete  
STREET ADDRESS 4138 BAYWATER PLACE  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE STD  
NAME BROWN, NANCY ☒ Delete  
STREET ADDRESS 4186 BAYWATER PLACE  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition  
NAME Walters, James  
STREET ADDRESS 4174 Baywater Place  
CITY-ST-ZIP Lakeland, FL 33812

TITLE STD ☒ Change ☐ Addition  
NAME Oconnor, Amber  
STREET ADDRESS 4180 Baywater Place  
CITY-ST-ZIP Lakeland, FL 33812

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Gloria Delaney*

Gloria Delaney

4/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT



Division of Corporations

Annual Report

Annual Report Help

Document Number  
N03000008345

Business Entity Name

HYDE PARK ESTATES HOMEOWNERS' ASSOCIATION, INC.

FEI Number 651205954  
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable  
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 4192 BAYWATER PLACE  
Suite, Apt. #, etc.  
City, State LAKELAND, FL  
Zip Code & Country 33812

Mailing Address

Address 4192 BAYWATER PLACE  
Suite, Apt. #, etc.  
City, State LAKELAND, FL  
Zip Code & Country 33812

Name and Address of Registered Agent

Name (Last, First, Middle, Title) DELANEY, GLORIA

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 4192 BAYWATER PLACE

Suite, Apt. #, etc.

City, State LAKELAND, FL

Zip Code & Country 33812 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

**ATTACHMENT**

40095179

#103000008345

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature Gloria Delaney**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD
Name (Last, First, Middle, Title)	DELANEY, GLORIA

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address	4192 BAYWATER PLACE
City, State	LAKELAND, FL
Zip Code & Country	33812

Title	VD
Name (Last, First, Middle, Title)	Walters, James

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address	4174 BAYWATER PLACE
City, State	LAKELAND, FL
Zip Code & Country	33812

Title	STD
Name (Last, First, Middle, Title)	Oconnor, Amber

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address	4180 BAYWATER PLACE
City, State	LAKELAND, FL
Zip Code & Country	33812

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

pd

Officer/Director Signature Gloria Delaney

*Gloria Delaney*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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