


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90031 009 ****61.25

DOCUMENT # N03000008345 1. Entity Name HYDE PARK ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4192 BAYWATER PLACE LAKE LAND, FL 33813			Mailing Address 4192 BAYWATER PLACE LAKE LAND, FL 33813		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 1472 Suite, Apt. #, etc.			
City & State Zip		City & State Highland City, FL Zip 33846		Country USA	
4. FEI Number 65-1205954		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02032008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DELANEY, GLORIA 4192 BAYWATER PLACE LAKE LAND, FL 33813			7. Name and Address of New Registered Agent Name <u>Amber O'Connor</u> Street Address (P.O. Box Number is Not Acceptable) <u>4180 Baywater Place</u> City <u>Lakeland</u> <u>FL</u> Zip Code <u>33812</u>		
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 <u>Amber L. O'Connor</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Amber L O'Connor</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>2/3/08</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELANEY, GLORIA 4192 BAYWATER PLACE LAKE LAND, FL 33813 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cheryl Jefferson 4127 Mayfair Way Lakeland, FL 33812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTERS, JAMES 4174 BAYWATER PLACE LAKE LAND, FL 33812 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OCONNOR, AMBER 4180 BAYWATER PLACE LAKE LAND, FL 33813 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amber O'Connor 4180 Baywater Place Lakeland, FL 33812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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, with all other like empowered.					
SIGNATURE: <u>Cheryl Jefferson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					