

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008345

FILED
Feb 23, 2009
Secretary of State

Entity Name: HYDE PARK ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4192 BAYWATER PLACE
LAKELAND, FL 33813

New Principal Place of Business:

4149 BAYWATER PLACE
LAKELAND, FL 33812

Current Mailing Address:

P.O BOX 1472
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 65-1205954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, AMBER
4180 BAYWATER PLACE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

GILMORE, PAULA K
4149 BAYWATER PLACE
LAKELAND, FL 33812 US

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: PAULA K. GILMORE

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JEFFERSON, CHERYL
Address: 4127 MAYFAIR WAY
City-St-Zip: LAKELAND, FL 33812

Title: VD () Delete
Name: WALTERS, JAMES
Address: 4174 BAYWATER PLACE
City-St-Zip: LAKELAND, FL 33812

Title: STD () Delete
Name: O'CONNOR, AMBER
Address: 4180 BAYWATER PLACE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FICKETT, GORDON
Address: 4188 MAYFAIR WAY
City-St-Zip: LAKELAND, FL 33812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: GILMORE, PAULA K
Address: 4149 BAYWATERPLACE
City-St-Zip: LAKELAND, FL 33812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULA K GILMORE

STD

02/23/2009

Electronic Signature of Signing Officer or Director

Date