


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90396 020 ****61.25

DOCUMENT # N05000001186 1. Entity Name CULTURAL HYDE PARK NORTH NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 421 S ORLEANS AVE TAMPA, FL 33606		Mailing Address 421 S ORLEANS AVE TAMPA, FL 33606	
2. Principal Place of Business 301 W. Platt St. #235 Suite, Apt., etc. 235		3. Mailing Address SALE Suite, Apt., etc.	
City & State Tampa, FL		City & State City & State	
Zip 33606		Country Hillsborough	
6. Name and Address of Current Registered Agent AIELLO, ENZA 421 S ORLEANS AVE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above name is changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation. SIGNATURE: _____ <small>Signature, type, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AIELLO, ENZA 421 S ORLEANS AVE TAMPA, FL 33606	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLACE, KATHERINE 309 S DELAWARE AVE TAMPA, FL 33606	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIANANTE, JENNY 422 S OREGON AVE TAMPA, FL 33606	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNCAN, COLLEEN 414 S ORLEANS AVE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
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: <i>Enza Aiello</i>		Date: <i>4/21/06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

40057557



04132006 Chg-NP CR2E037 (11/05)

4. Fee Number **59-3796646** Applied For Not Applicable

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