

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001186

FILED
Apr 23, 2009
Secretary of State

Entity Name: CULTURAL HYDE PARK NORTH NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

301 W. PLATT ST #235
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

301 W. PLATT ST #235
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3796646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIELLO, ENZA
421 S ORLEANS AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AIELLO, ENZA
Address: 421 S ORLEANS AVE
City-St-Zip: TAMPA, FL 33606

Title: VD () Delete
Name: WALLACE, KATHERINE
Address: 309 S DELAWARE AVE
City-St-Zip: TAMPA, FL 33606

Title: TD () Delete
Name: GIANANTE, JENNY
Address: 422 S OREGON AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ENZA AIELLO

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date