

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003351

FILED
Sep 29, 2009
Secretary of State

Entity Name: PARK SQUARE CITYHOMES ASSOCIATION, INC.

Current Principal Place of Business:

611 WEST BAY STREET
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

611 WEST BAY STREET
TAMPA, FL 33606

New Mailing Address:

FEI Number: 06-1782500 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HYDE PARK BUILDERS, INC
611 WEST BAY STREET
TAMPA, FL 33606 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: SCOTT SHIMBERG

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHIMBERG, SCOTT
Address: 611 WEST BAY STREET
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: HPB MANAGEMENT, INC.
Address: 611 WEST BAY STREET
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: HPB FISHHAWK RANCH, LLC
Address: 611 WEST BAY STREET
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: HYDE PARK BUILDERS, INC.
Address: 611 WEST BAY STREET
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:

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: SCOTT SHIMBERG

D

09/29/2009

Electronic Signature of Signing Officer or Director

Date