## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N06000004785



HYDE PARK TOWERS CONDOMINIUM ASSOCIATION, INC. annaa. Principal Place of Business Mailing Address 1001 3RD AVE WEST - STE 300 1001 3RD AVE WEST - STE 300 BRADENTON, FL 34205 BRADENTON, FL 34205 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3001 Executive Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Cha-NP CR2E037 (12/06) Suite 260 4. FEI Number City & State City & State Applied For  $\digamma$  $\iota$ Clearwater 20-5012131 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ISA 33762 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Condominium Associates SMITH, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 1001 3RD AVE WEST - STE 300 BRADENTON, FL 34205 ite 240 Zip Code 33762 learwater 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Anthony CORBETT-D? & Change **D**elete DELF TITLE SMITH, BENJAMIN NAME 101'5' 12" ST # 308 STREET ADDRESS 1001 3RD AVE WEST - STE 300 STREET ADDRESS TAMPA, FL 33602 CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete HENNESEY, MICHAEL J NAME 406 W Azerle ST #106 %TRI-TECH CONST - 430 32ND ST W - STE A-11 STREET ADDRESS STREET ADDRESS 33606 TAMPA FL BRADENTON, FL 34205 CITY - ST - ZIP CITY-ST-ZIP Delete THE Addition THILE michael McManamer SMITH, MELLISA A NAME NAME #1416 9481 Highland OAK 1001 3RD AVE WEST - STE 300 STREET ADDRESS STREET ADDRESS BRADENTON, FL 34205 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED BY PRINTED NAME OF SIGNATURE:

**FILED** 

Secretary of State

05-02-2007 90069 049 \*\*\*\*61.25

May 02, 2007 8:00 am