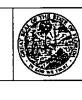
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90173 004 ****61.25

District Place of Districts	Mailing Address	Jun-
1. Entity Name HYDE PARK TOWERS CONDINC.	OOMINIUM ASSOCIATION,	8



Name_

City

Principal Place of Business 1001 3RD AVE WEST - STE 300-BRADENTON, FL 34205

DOCUMENT # N06000004785

Mailing Address 3001 EXECUTIVE DRIVE SUITE 260

	CLEARWATER, FL 33762
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

		I Idamiai 6
•	Suite, Apt. #, etc.	01112008
	City & State	4. FEI Numb

CR2E037 (12/06) 4. FEI Number 20-5012131 Applied For Not Applicable

O. Country	ZIP ZIP	Cou	Γ
<u> Pinellas</u>			
e and Address of Current F	legistered Agent		
			

\$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762

6. Nam

Street Address (P.O.	Box Number	is Not	Acceptable

Zip Code

8. The above	named entity submits	this statement for t	he purpose of chang	ging its registered office or	registered agent, or both, in	the State of Florida. I am familiar	with, and accept
the obligat	ions of registered age	y. 1		/	, , , , , , , , , , , , , , , , , , , ,		
	///	0//0		9	10	11-	
	////	[] []	1/1/5/	4 Mich	al Bahik	7.2.08	
SIGNATURE		7			<u> </u>		
	Signature, typed or printed na	me of registered agent an	d title interpolicable.	(NOTE: Registered Agent signat	ure required when reinstating)	DATE	

	Signature, typed or printed name of registered agent and title image	plicable. (NOTE: R	egistered Agent signat	ture required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	Make check Florida Depar		
10.	OFFICERS AND DIRECTORS		11.		S TO OFFICERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORBETT, ANTHONY 101 S 12TH ST #308 TAMPA, FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Coz 101's' 12Th: TAMPA FL	33602	⊠ -Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZIMMERMAN, DEBORAH 406 W. AZEELE ST #106 TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zimmer Man 406 W AZ TAMPA FL	eele st #1	∄ Change ⊃Ç	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCMANAMEY, MICHAEL 9481 HIGHLAND OAK DR #1416 TAMPA, FL 33647	Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BZIAN HENN 1202 GPII S 132ADENT	esey TW FL 34209	☐ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Civingston H 400 to AZE		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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.

S	IG	N	ΑT	U	R	E	\geq	

SIGNATURE OF OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #