

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12161 (8)**

1. Corporation Name
OLD HYDE PARK VILLAGE MARKETING FUND, INC.



Principal Place of Business: 1509 W. SWANN AVE. #225 TAMPA FL 33606 US
Mailing Address: P. O. BOX 3244 TAMPA FL 33601-3244 US

3. Date Incorporated or Qualified: 11/18/1985
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2606333
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GLADFELTER, LESLIE H. 1023 MANATE AVENUE WEST BRADENTON FL 34206
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	WESTERHOUSE, PATRICIA D. 1509 W. SWANN AVE. #225 TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	LETSCH, EILEEN F. 1509 W. SWANN AVE. #225 TAMPA FL	1.2 NAME	
TITLE: S	GLADFELTER, LESLIE 1023 MANATEE AVE W BRADENTON FL 34206	1.3 STREET ADDRESS	
TITLE: VPD	PEARCE, LINDA 1509 W. SWANN AVE. #225 TAMPA FL	1.4 CITY-ST-ZIP	
TITLE: [DELETED]		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		2.2 NAME	
TITLE: [DELETED]		2.3 STREET ADDRESS	
TITLE: [DELETED]		2.4 CITY-ST-ZIP	
TITLE: [DELETED]		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		3.2 NAME	
TITLE: [DELETED]		3.3 STREET ADDRESS	
TITLE: [DELETED]		3.4 CITY-ST-ZIP	
TITLE: [DELETED]		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		4.2 NAME	ARMINGTON, HEATHER
TITLE: [DELETED]		4.3 STREET ADDRESS	
TITLE: [DELETED]		4.4 CITY-ST-ZIP	
TITLE: [DELETED]		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		5.2 NAME	
TITLE: [DELETED]		5.3 STREET ADDRESS	
TITLE: [DELETED]		5.4 CITY-ST-ZIP	
TITLE: [DELETED]		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		6.2 NAME	
TITLE: [DELETED]		6.3 STREET ADDRESS	
TITLE: [DELETED]		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia D. Westerhouse* 3/1/96 813-251-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)