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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12161** (8)

1. Corporation Name

**OLD HYDE PARK VILLAGE MARKETING FUND, INC.**



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

2. Principal Place of Business	2a. Mailing Address
21 1507 W. Swann Avenue	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 None	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	30

3. Date Incorporated or Qualified 11/18/1985	3a. Date of Last Report 03/08/1996
4. FEI Number 59-2606333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	WESTERHOUSE, PATRICIA D.
STREET ADDRESS	1509 W. SWANN AVE. #225
CITY-ST-ZIP	TAMPA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	LETSCH, EILEEN F.
STREET ADDRESS	1509 W. SWANN AVE. #225
CITY-ST-ZIP	TAMPA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	GLADFELTER, LESLIE
STREET ADDRESS	1023 MANATEE AVE W
CITY-ST-ZIP	BRADENTON FL 34206
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ARMINGTON, HEATHER
STREET ADDRESS	1509 W. SWANN AVE. #225
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1507 W. Swann Avenue
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1507 W. Swann Avenue
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1507 W. Swann Avenue
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 2/20/97 813-251-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046845

CR2E037 (9/96)