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FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1507 W SWANN AVE #225 TAMPA FL 33606 US	Mailing Address P. O. BOX 3244 TAMPA FL 33601-3244 US
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3. Date Incorporated or Qualified

11/18/1985

4. FEI Number

59-2606333

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 **No Suite**
23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

28 Zip 29 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLADFELTER, LESLIE H.
1023 MANATE AVENUE WEST
BRADENTON FL 34206**

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 617.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WESTERHOUSE, PATRICIA D.	
STREET ADDRESS	1507 W SWANN AVE	
CITY-ST-ZIP	TAMPA FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LETSCH, EILEEN F.	
STREET ADDRESS	1507 W SWANN AVE	
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 checked="" type="checkbox"/> DELETE
NAME	ARMINGTON, HEATHER	
STREET ADDRESS	1507 W SWANN AVE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jessica B. Sandler	
4.3 STREET ADDRESS	1507 W. Swann Ave.	
4.4 CITY-ST-ZIP	Tampa, FL	

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 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 Westerhouse* **REQUIRED**

1/26/98

813-251-3500

CR2E037 (10/97)