

FILE NOW. FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90039 026 ****61.25

DOCUMENT # N12161

1. Corporation Name

OLD HYDE PARK VILLAGE MARKETING FUND, INC.

Principal Place of Business

1507 W SWANN AVE
TAMPA FL 33606
US

Mailing Address

P. O. BOX 3244
TAMPA FL 33601-3244
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/18/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2606333	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

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 Patricia D. Westerhouse
83 Street Address (P.O. Box Number is Not Acceptable)
1507 W. Swann Avenue
84 City
Tampa
85 FL
86 Zip Code
33606

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

3/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	WESTERHOUSE, PATRICIA D.	1.2 NAME	
STREET ADDRESS	1507 W SWANN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	LETSCH, EILEEN F.	2.2 NAME	Craig Estrem
STREET ADDRESS	1507 W SWANN AVE	2.3 STREET ADDRESS	900 Baker Bldg. 706 Second Ave. S.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Minneapolis, MN 55402
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	GLADFELTER, LESLIE	3.2 NAME	
STREET ADDRESS	1023 MANATEE AVE W	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34206	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	SANDLER, JESSICA B	4.2 NAME	
STREET ADDRESS	1507 W SWANN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	TD ☐ Change ☒ Addition
NAME		5.2 NAME	C. Louis Mitsch
STREET ADDRESS		5.3 STREET ADDRESS	7 West Seventh Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Patricia D. Westerhouse* **Patricia D. Westerhouse** 1-20-99 813-251-3560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)