2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N13359** Mar 24, 2000 8:00 am Secretary of State 1. Entity Name THE VILLAS OF HYDE PARK CONDOMINIUM ASSOCIATION, 03-24-2000 90109 010 \*\*\*\*61.25 Principal Place of Business Mailing Address % J&R PROPERTY MANAGEMENT SERVICES. INC. % J&R PROPERTY MANAGEMENT SERVICES. INC. 4411 W PEARL AVENUE 4411 W PEARL AVENUE TAMPA FL 33611-5621 **TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2660707 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PFEIFFER, JOYCE A 4411 W PEARL AVENUE **TAMPA FL 33611** Zin Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change TITLE TITLE DAVID, ISRYAN NAME OHALL, CARL 506 3. Willow AVE. # 15 STREET ADDRESS STREET ADDRESS 506 S. WILLOW AVE #14 CITY-ST-ZIP CITY-ST-ZIF TAMPA, FL 33600 **TAMPA FL 33602** ☐ Delete TITI F Addition TITI F LOPATIC, LEEZEHE 506 8. Willow #11 NAME LOPATIC, LIZETTE NAME STREET ADDRESS STREET ADDRESS 506'S"WILLOW AVE #11 CITY-ST-ZIP TAMPA, FL 33608 CITY-ST-ZIP TAMPA FL 33602 ☐ Change Addition TITLE TITLE D Defete CORDAN, Julie 506 S. Willow AUE. #14 NAME RUPP, ROBERT NAME STREET ADDRESS STREET ADDRESS 7805 PROFESSIONAL PLACE CITY-ST-ZIP CITY-ST-ZIP TAMBA, FL 33600 Tampa FL 33637 ☐ Delete ☐ Change ☐ Addition TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. 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