2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2005 8:00 am
Secretary of State
05-19-2005 90045 022 ****70.00

DOCUMENT # N13359

1. Entity Name

THE VILLAS OF HYDE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
VILLAS OF HYDE PARK PO BOX 18972 TAMPA FL 33679	VILLAS OF HYDE PARK PO BOX 18972 TAMPA FL 33679

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2660707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEFF, RANDY 4015 BAYSHORE BLVD TAMPA FL 33611	Name: Randy Neff Street Address (P.O. Box Number is Not Acceptable): 808 S Oregon Ave City: Tampa FL Zip Code: 33606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAYDEN, ANTHONY 506 S. WILLOW AVE. #14 TAMPA FL 33606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Alissa Faust 506 S Willow Ave #7 Tampa FL 33606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HINDS, TRENT 506 S. WILLOW AVE. #B TAMPA FL 33606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Toni Carney 506 S Willow Ave #2 Tampa FL 33606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVID, BRYAN 506 S. WILLOW AVE. 10 TAMPA FL 33606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Shirley Esperanza 506 S Willow Ave #9 Tampa FL 33606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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 — Date — Daytime Phone #