
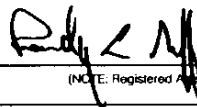



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 008 ****61.25

DOCUMENT # N13359 1. Entity Name THE VILLAS OF HYDE PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business VILLAS OF HYDE PARK PO BOX 18972 TAMPA, FL 33679			Mailing Address VILLAS OF HYDE PARK PO BOX 18972 TAMPA, FL 33679		
2. Principal Place of Business - No P.O. Box # 104 E. FOWLER AVE Suite, Apt. #, etc. SUITE 190		3. Mailing Address P.O. Box 10217 Suite, Apt. #, etc. 			
City & State TAMPA		City & State TAMPA, FL		4. FEI Number 59-2660707	
Zip FL		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEFF, RANDY 808 S. ORWON AVE. TAMPA, FL 33606				7. Name and Address of New Registered Agent Name NEFF RANDY Street Address (P.O. Box Number is Not Acceptable) 104 E. FOWLER AVE SUITE 190 City TAMPA FL Zip Code 33613	
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 RANDY NEFF  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1-9-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P FAWT, ALISSA 506 S. WILLOW AVE. # 7 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARVEY, TORRI 506 S. WILLOW AVE. # 2 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMIEDER, SANDY 506 W WILLOW AVE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMIEDER, SANDY 506 S. WILLOW AVE # 14	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date 1-9-08 Daytime Phone # 813-932-7700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					