# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2009**
**Secretary of State**

DOCUMENT# N13359

**Entity Name:** THE VILLAS OF HYDE PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

VILLAS OF HYDE PARK
PO BOX 10217
TAMPA, FL 33679

**New Mailing Address:**

**FEI Number: 59-2660707** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: FAWT, ALISSA
Address: 506 S. WILLOW AVE. # 7
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: LAWLER, JANE
Address: 506 S WILLOW AVE # 8
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: SCHMIEDER, SANDY
Address: 506 S WILLOW AVE #14
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: BRITTIAN, KATHERINE
Address: 506 S WILLOW AVE #12
City-St-Zip: TAMPA, FL 33606

Title: TSD (X) Change ( ) Addition
Name: LAWLER, JANE
Address: 506 S WILLOW AVE # 8
City-St-Zip: TAMPA, FL 33606

Title: VPD (X) Change ( ) Addition
Name: CANETTA, LEAH
Address: 506 S WILLOW AVE #1
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE BRITTIAN PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date