

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N16854 (4)**
 1. Corporation Name
HYDE PARK PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
902 S. ROME AVE. TA A TAMPA FL 33606 **902 S. ROME AVE. TA A TAMPA FL 33606**

3. Date Incorporated or Qualified **09/18/1986** 3a. Date of Last Report **04/05/1995**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~GIORDANO, LINDA
 902-B S. ROME AVE.
 TAMPA FL 33606~~

10. Name and Address of New Registered Agent
 81 Name **BERTKE, ROY**
 82 Street Address (P.O. Box Number is Not Acceptable) **902-A South Rome Ave**
 83
 84 City **TAMPA** FL 85 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]* (NOTE: Registered Agent signature required when reinstating) DATE **6-5-96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	BERTKE, ROY	
STREET ADDRESS	902A S. ROME AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/>
NAME	MAHON, DEIRDRE	
STREET ADDRESS	902C S. ROME AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	LD	<input type="checkbox"/>
NAME	GIORDANO, LINDA	
STREET ADDRESS	902B SOUTH ROME AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/>
NAME	ROBERTS, VIRGINIA	
STREET ADDRESS	1608 MORRISON AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	KUZO, JAMES + FRAN		
3.3 STREET ADDRESS	902-B South Rome Ave		
3.4 CITY-ST-ZIP	TAMPA, FL 33606		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	100001877041	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	-06/26/96--01130--007		
5.3 STREET ADDRESS	***61.25		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **Roy Bertke** **6-5-96** **813-870-8030**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)