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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N16854

1. Corporation Name

HYDE PARK PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

902 S. ROME AVE.. #A  
TAMPA FL 33606

Mailing Address

902 S. ROME AVE.. #A  
TAMPA FL 33606



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/18/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BERTKE, ROY  
902-A S. ROME AVE.  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0603, Florida Statutes.

SIGNATURE

Roy BERTKE

(Signature, typed or printed name of registered agent and title (if applicable). (Date) (Date)

2-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DT  DELETE

NAME BERTKE, ROY  
STREET ADDRESS 902A S. ROME AVE.  
CITY-ST-ZIP TAMPA FL

TITLE SD  DELETE

NAME MALLARD, LARRY  
STREET ADDRESS 902C S. ROME AVE.  
CITY-ST-ZIP TAMPA FL

TITLE D  DELETE

NAME KUZO, JAMES  
STREET ADDRESS 902 S. ROME AVE., #B  
CITY-ST-ZIP TAMPA FL 33606

TITLE PD  DELETE

NAME ROBERTS, VIRGINIA  
STREET ADDRESS 1608 MORRISON AVENUE  
CITY-ST-ZIP TAMPA FL

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 33606

2.1 TITLE SD  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ORA, BRANDY  
902C South Rome Ave  
TAMPA, FL 33606

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 33606

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

Date

813 870 8030

Daytime Phone #

CR2E037 (1/98)