

2001 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-02-2001 90074 023 ****61.25

DOCUMENT # N16854

1. Entity Name

HYDE PARK PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

clo Financial & Tax Solutions / *clo Financial & Tax Solutions*

2. Principal Place of Business

3. Mailing Address

9455 Koger Boulevard

9455 Koger Boulevard

Suite, Apt., etc.
Suite 113

Suite, Apt., etc.
Suite 113

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33702

Country
USA

Zip
33702

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: *Virginia C. Roberts*
 Street Address (P.O. Box Number is Not Acceptable):
clo Financial & Tax Solutions
9455 Koger Boulevard, Suite 113
 City: *St Petersburg* FL Zip Code: *33702*

B. 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

Virginia Roberts, Virginia Roberts, P.D.

2/20/01

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when reissuing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERTKE, ROY 902A S. ROME AVE. TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORA, BRANDY 902 C SOUTH ROME AVE TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUZO, JAMES 902 S. ROME AVE., #B TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, VIRGINIA 1608 MORRISON AVENUE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Johnson, Robert 902A S. Rome Avenue Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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:

Virginia Roberts

2/20/01

813-254-1072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #