

**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

*elo Financial & Tax Solutions* / *elo 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

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

*2/20/01*  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>BERTKE, ROY<br>902A S. ROME AVE.<br>TAMPA FL          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ORA, BRANDY<br>902 C SOUTH ROME AVE<br>TAMPA FL 33606 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KUZO, JAMES<br>902 S. ROME AVE., #B<br>TAMPA FL 33606  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROBERTS, VIRGINIA<br>1608 MORRISON AVENUE<br>TAMPA FL | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>Johnson, Robert<br>902A S. Rome Avenue<br>Tampa, FL 33606 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/01* *813-254-1072*  
Date Daytime Phone #

CR2E037 (10/00)