

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *Financial & Tax Solutions*

3. Mailing Address

9455 Koger Boulevard
 Suite, Apt. #, etc.
 Suite 113

9455 Koger Boulevard
 Suite, Apt. #, etc.
 Suite 113

City & State
 St. Petersburg, FL

City & State
 St. Petersburg, FL

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip
 33702

Country
 USA

Zip
 33702

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: *Virginia C. Roberts*
 Street Address (P.O. Box Number is Not Acceptable)
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 rehashing)

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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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