

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90647 018 \*\*\*\*61.25

0041611

**DOCUMENT # N16854**

1. Entity Name  
**HYDE PARK PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business C/O FINANCIAL & TAX SOLUTIONS 9455 KOGER BLVD. STE 113 SAINT PETERSBURG FL 33702	Mailing Address C/O FINANCIAL & TAX SOLUTIONS 9455 KOGER BLVD. STE 113 SAINT PETERSBURG FL 33702
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ROBERTS, VIRGINIA C/O FINANCIAL &amp; TAX SOLUTIONS 9455 KOGER BLVD, STE 113 SAINT PETERSBURG FL 33702</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT JOHNSON, ROBERT 902A S. ROME AVE. TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ORA, BRANDY 902 C SOUTH ROME AVE TAMPA FL 33606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Dyliaeco, Mariano 902 C South Rome Ave Tampa, FL 33606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KUZO, JAMES 902 S. ROME AVE., #B TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROBERTS, VIRGINIA 1608 MORRISON AVENUE TAMPA FL <del>33606</del></b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>zip code is 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS 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 Virginia Roberts 3/15/02 813-254-1372

CR2E037 (9/01)