FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am § Secretary of State DOCUMENT # N16854 1. Entity Name 04-01-2002 90647 018 ****61.25 HYDE PARK PLACE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O FINANCIAL & TAX SOLUTIONS C/O FINANCIAL & TAX SOLUTIONS 9455 KOGER BLVD, STE 113 9455 KOGER BLVD. STE 113 SAINT PETERSBURG FL 33702 SAINT PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROBERTS, VIRGINIA C/O FINANCIAL & TAX SOLUTIONS 9455 KOGER BLVD, STE 113 City Zip Code SAINT PETERSBURG FL 33702 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME JOHNSON, ROBERT NAME STREET ADDRESS 902A S. ROME AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE SD Delete TITLE ☐ Change Dyliacco, Mariano NAME ORA, BRANDY NAME oa C Souta Rome Ave STREET ADDRESS STREET ADDRESS 902 C SOUTH ROME AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 Tampa, FL 33606 TITLE D. --Delete ڃ TITLE NAME KUZO, JAMES NAME STREET ADDRESS 902 S. ROME AVE., #B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE ☐ Delete TITLE X Change ☐ Addition NAME ROBERTS, VIRGINIA NAME STREET ADDRESS **1608 MORRISON AVENUE** STREET ADDRESS 312 Code is 33606 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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: