


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90068 013 ****61.25

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	Zip	Country		
6. Name and Address of Current Registered Agent ROBERTS, VIRGINIA C/O FINANCIAL & TAX SOLUTIONS 9455 KOGER BLVD, STE 113 SAINT PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ROBERT		NAME		
STREET ADDRESS	902A S. ROME AVE.		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33606		CITY - ST - ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYLIACCO, MARIANO		NAME		
STREET ADDRESS	902 C SOUTH ROME AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33606		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUZO, JAMES		NAME		
STREET ADDRESS	902 S. ROME AVE., #B		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33606		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, VIRGINIA		NAME		
STREET ADDRESS	1608 MORRISON AVENUE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33606		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D. Michael McBurnie	
STREET ADDRESS			STREET ADDRESS	902-C S. Rome Ave	
CITY - ST - ZIP			CITY - ST - ZIP	Tampa FL 33606	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Marcel Kennel</i>			Date: <i>4-14-04</i> (122) 577-2300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					