


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 <i>Tracy Jessell</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc. <i>3907 Skenwood Ave</i>		Suite, Apt. #, etc.	
City & State <i>Tampa FL</i>		City & State	
Zip <i>33611</i>	Country <i>USA</i>	Zip <i>33611</i>	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 <i>Tracy Jessell</i> Street Address (P.O. Box Number is Not Acceptable) <i>3907 Skenwood Ave</i> City <i>Tampa</i> FL Zip Code <i>33611</i>	
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 <i>Tracy Jessell</i> <i>Tracy Jessell</i> <i>2-21-05</i> <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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, ROBERT 902A S. ROME AVE. TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <i>Tracy Jessell</i> <i>3907 Skenwood Ave</i> <i>Tampa, FL 33611</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBURNIE, MICHAEL 902-C S. ROME AVE TAMPA, FL 33606 <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	D KUZO, JAMES 902 S. ROME AVE., #B TAMPA, FL 33606 <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	PD ROBERTS, VIRGINIA 1608 MORRISON AVENUE TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Bob + Tara Matthews</i> <i>1608 Morrison Ave</i> <i>Tampa, FL 33606</i> <input checked="" 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
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: <i>Tracy Jessell</i>		<i>Tracy Jessell</i> <i>2-21-05</i> <i>813-639-5614</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>