


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT #: N16854
 1. Entity Name
 HYDE PARK PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 C/O DANNY WHITE
 902 S ROME AVE UNIT B
 TAMPA, FL 33606

Mailing Address
 C/O DANNY WHITE
 902 S ROME AVE UNIT B
 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE



04232008 No Chg-NP CR2E037 (4/06)

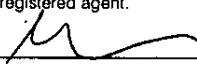
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|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent
 SHAMONSKY, TRACY
 11 W PRENTISS AVE
 GREENVILLE, FL 29605

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4/23/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

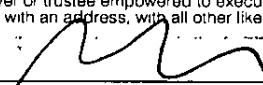
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHAMONSKY, TRACY 11 W PRENTISS AVE GREENVILLE, SC 29605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCBURNIE, MICHAEL 902 S. ROME AVE UNIT C TAMPA, FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT WHITE, DAN 902 S. ROME AVE. UNIT B TAMPA, FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATTHEWS, BOB 1608 MORRISON AVENUE TAMPA, FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/21/08-80094-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 4/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #