

**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**



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #