

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90144 017 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>ROBERTS, VIRGINIA C/O FINANCIAL &amp; TAX SOLUTIONS 9455 KOGER BLVD, STE 113 SAINT PETERSBURG FL 33702</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>DT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JOHNSON, ROBERT</b>			NAME			
STREET ADDRESS	<b>902A S. ROME AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33606</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DYLIACCO, MARIANO</b>			NAME			
STREET ADDRESS	<b>902 C SOUTH ROME AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33606</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KUZO, JAMES</b>			NAME			
STREET ADDRESS	<b>902 S. ROME AVE., #B</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33606</b>			CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROBERTS, VIRGINIA</b>			NAME			
STREET ADDRESS	<b>1608 MORRISON AVENUE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33606</b>			CITY-ST-ZIP			
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			
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: *Virginia Roberts*

CR2E037 (10/02)