

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18350

FILED  
Jan 17, 2005  
Secretary of State

**Entity Name:** HYDE PARK PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 782  
GOLDENROD, FL 32733

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 782  
GOLDENROD, FL 32733

**New Mailing Address:**

**FEI Number:** 59-2803417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHTON, PAUL  
3115 ASH PARK LOOP  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LADON, AMIR  
Address: 3143 ASH PARK LP  
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete  
Name: BROADCUP, CHARLES  
Address: 1427 W. BROOKSHIRE CT.  
City-St-Zip: WINTER PARK, FL 32792

Title: M ( ) Delete  
Name: WAGGONER, ADAM  
Address: 3008 LITTLE CYPRESS COVE  
City-St-Zip: WINTER PARK, FL 32792

Title: VD ( ) Delete  
Name: REINHARD, RUSSELL  
Address: 1426 HYDE PARK DR  
City-St-Zip: WINTER PARK, FL 32792

Title: TD ( ) Delete  
Name: ASHTON, PAUL  
Address: 3115 ASH PARK LOOP  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LADAN, AMIR  
Address: 3143 ASH PARK LP  
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ASHTON

TD

01/17/2005

Electronic Signature of Signing Officer or Director

Date