

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N18350

1. Entity Name
HYDE PARK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**HYDE PARK DR
WINTER PARK, FL 32792**

Mailing Address
**PO BOX 782
GOLDENROD, FL 32733**

DO NOT WRITE IN THIS SPACE



03222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2803417

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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**

1100000859800

04/09/08-80063-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINHARD, RUSSEL 1426 HYDE PARK DR WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROADCUP, CHARLES 1427 W. BROOKSHIRE CT. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WAGGONER, ADAM 3008 LITTLE CYPRESS COVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, GARY 3135 ASH PARK LOOP WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ASHTON, PAUL 3115 ASH PARK LOOP WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 #

Paul Ashton **PAUL ASHTON**

3/23/08 **3/23/08** *407-673-3804* **407-673-3804**