

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18455

FILED
Jan 04, 2007
Secretary of State

Entity Name: HYDE PARK CLOISTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% THOMAS R COURY
909 A SOUTH ROME AVE
TAMPA, FL 336063077

New Principal Place of Business:

Current Mailing Address:

% THOMAS R COURY
909 A SOUTH ROME AVE
TAMPA, FL 336063077

New Mailing Address:

FEI Number: 59-2784312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COURY, THOMAS R
909 A SOUTH ROME AVE.
TAMPA, FL 336063077 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: MOGENSEN, BRIGIT
Address: 909 B SOUTH ROME AVE.
City-St-Zip: TAMPA, FL 336063077

Title: TD () Delete
Name: CORY, THOMAS,
Address: 909 A SOUTH ROME AVE
City-St-Zip: TAMPA, FL 336063077

Title: SD () Delete
Name: DEVOE, ROBERT
Address: 909 C S ROME AVE
City-St-Zip: TAMPA, FL 336063077

Title: VD () Delete
Name: MILLAR, ROSILAND
Address: 909 E S ROME AVE
City-St-Zip: TAMPA, FL 336063077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: THOMAS R. CORY

TD

01/04/2007

Electronic Signature of Signing Officer or Director

Date