

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 31, 2009
Secretary of State

DOCUMENT# N18455

Entity Name: HYDE PARK CLOISTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**% THOMAS R CORY
909 A SOUTH ROME AVE
TAMPA, FL 336063077**New Principal Place of Business:**ROBERT DEVOE
909 A SOUTH ROME AVE, UNIT C
TAMPA, FL 336063077**Current Mailing Address:**% THOMAS R CORY
909 A SOUTH ROME AVE
TAMPA, FL 336063077**New Mailing Address:**ROBERT DEVOE
533 S. HOWARD AVE, SUITE 847
TAMPA, FL 336063077**FEI Number:** 59-2784312**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORY, THOMAS R
909 A SOUTH ROME AVE.
TAMPA, FL 336063077 US**Name and Address of New Registered Agent:**DEVOE, ROBERT C
909 C SOUTH ROME AVE
UNIT C
TAMPA, FL 336063077 US

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: ROBERT DEVOE

10/31/2009

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 336063077Title: TD () Delete
Name: CORY, THOMAS
Address: 909 A SOUTH ROME AVE
City-St-Zip: TAMPA, FL 336063077Title: SD () Delete
Name: DEVOE, ROBERT
Address: 909 C S ROME AVE
City-St-Zip: TAMPA, FL 336063077Title: VD () Delete
Name: MILLAR, ROSILAND
Address: 909 E S ROME AVE
City-St-Zip: TAMPA, FL 336063077**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: DEVOE, ROBERT
Address: 909 C SOUTH ROME AVE.
City-St-Zip: TAMPA, FL 336063077Title: TD (X) Change () Addition
Name: HEGARTY, MAUREEN
Address: 909 D SOUTH ROME AVE
City-St-Zip: TAMPA, FL 336063077Title: SD (X) Change () Addition
Name: MOGENSEN, BRIGIT
Address: 909 B S ROME AVE
City-St-Zip: TAMPA, FL 336063077Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT DEVOE

PD

10/31/2009

Electronic Signature of Signing Officer or Director

Date