

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 10, 2012**  
**Secretary of State**

DOCUMENT# N18455

**Entity Name:** HYDE PARK CLOISTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**909 S ROME AVE  
A  
TAMPA, FL 33606**New Principal Place of Business:**909 SOUTH ROME AVE  
E  
TAMPA, FL 33606**Current Mailing Address:**909 S ROME AVE  
A  
TAMPA, FL 33606**New Mailing Address:**909 SOUTH ROME AVE  
E  
TAMPA, FL 33606**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 S ROME AVE  
A  
TAMPA, FL 33606 US**Name and Address of New Registered Agent:**MILLAR, ROSALIND G  
909 SOUTH ROME AVE  
E  
TAMPA, FL 33606 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: ROSALIND G MILLAR

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: DEVOE, ROBERT  
Address: 909 C SOUTH ROME AVE.  
City-St-Zip: TAMPA, FL 33606

Title: TD  
Name: HEGARTY, MAUREEN  
Address: 909 D SOUTH ROME AVE  
City-St-Zip: TAMPA, FL 33606

Title: SD  
Name: MOGENSEN, BRIGIT  
Address: 909 B SOUTH ROME AVE  
City-St-Zip: TAMPA, FL 33606

Title: PD  
Name: MILLAR, ROSALIND G  
Address: 909 E SOUTH ROME AVE  
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: ROSALIND G MILLAR

PD

04/10/2012

Electronic Signature of Signing Officer or Director

Date