


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90194 026 ****61.25

DOCUMENT # N24952					
1. Entity Name HYDE PARK OF LEE COUNTY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O SUN VAST MGT. INC. 381 INTERSTATE BLVD SARASOTA, FL 34240 US			Mailing Address C/O SUN VAST MGT. INC. 381 INTERSTATE BLVD SARASOTA, FL 34240 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2261553	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SUN VAST MGMT SERVICES INC 381 INTERSTATE BLVD SARASOTA, FL 34240				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, JAMES		NAME	SHELVA FETTER	
STREET ADDRESS	864 C. COURTINGTON LANE		STREET ADDRESS	864 L Courtington Lane	
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, JOHN		NAME	JANE Relli	
STREET ADDRESS	821-A COURTINGTON LN		STREET ADDRESS	864 H Courtington Lane	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	Fort Myers FL 33919	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, BRUCE		NAME		
STREET ADDRESS	866 COURTINGTON LANE 3H		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIENS, NOEL		NAME		
STREET ADDRESS	864-A COURTINGTON LANE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUY, PAMELA		NAME		
STREET ADDRESS	864-F COURTINGTON LN		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOSEPH KROEPF	
STREET ADDRESS			STREET ADDRESS	827 A Courtington Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Fort Myers, FL 33919	
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: <i>[Signature]</i>			PAMELA GUY, PRES.		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/07 941-378-0260		
			<small>Date Daytime Phone #</small>		