

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90098 008 ****70.00

DOCUMENT # N94000005128 1. Entity Name VILLAGE GATE OF HYDE PARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2311 WEST MORRISON AVENUE CONDO 28 TAMPA, FL 33629 US			Mailing Address 2311 WEST MORRISON AVENUE CONDO 28 TAMPA, FL 33629 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3287492	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, RENEE 2311 WEST MORRISON AVENUE CONDO 28 TAMPA, FL 33629			Name Cynthia Sanders Street Address (P.O. Box Number is Not Acceptable) 2311 W Morrison Ave Condo 28 City Tampa FL Zip Code 33629		
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 <u><i>Cynthia Sanders</i></u> <u><i>Cynthia L Sanders</i></u> <u><i>5/1/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY- ST- ZIP	DV WILLIAMS, RENEE 2311 WEST MORRISON AVENUE, #8 TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROUNSAVILLE, LINDA 2311 W. MORRISON AVE. #4 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP TATUM, JAN 2311 W MORRISON AVE #6 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT SANDERS, CYNTHIA 2311 W. MORRISON AVENUE #28 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCMULLEN, SUZY 2311 W. MORRISON AVE., #12 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS MCPEAK, CONNIE 2311 W. MORRISON AVENUE #29 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV Jeff Riegler 2311 W Morrison Ave, #9 Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Cynthia Sanders</i></u> <u><i>5/1/06</i></u> <u><i>5/1/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Director, Treasurer