

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

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**



04062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3287492

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, CYNTHIA
2311 WEST MORRISON AVENUE
CONDO 28
TAMPA, FL 33629**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROUNSAVILLE, LINDA
STREET ADDRESS	2311 W. MORRISON AVE. #4
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	DP
NAME	TATUM, JAN
STREET ADDRESS	2311 W MORRISON AVE #6
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	DT
NAME	SANDERS, CYNTHIA
STREET ADDRESS	2311 W. MORRISON AVENUE #28
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	MCMULLEN, SUZY
STREET ADDRESS	2311 W. MORRISON AVE., #12
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	DS
NAME	MCPEAK, CONNIE
STREET ADDRESS	2311 W. MORRISON AVENUE #29
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Cynthia Sanders Cynthia L Sanders 4/10/07 813-7600664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #