

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 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
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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3287492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SANDERS, CYNTHIA 2311 WEST MORRISON AVENUE CONDO 28 TAMPA, FL 33629
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**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000806557
02/07/08-80052-025 61.25

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

**DO NOT WRITE
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 Sanders* 1/26/08 813-760-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #