2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2006 8:00 am Secretary of State

								
DOCUMENT # N9600000279 1. Entity Name WILLOWS OF HYDE PARK HOMEOWNERS ASSOCIATION, INC.				07	7-25-2006 900	26 028 ****61	.25	
Principal Place 503 S WILLO TAMPA, FL		Mailing Address 503 S WILLOW AVE TAMPA, FL 33606 US	S			500230	23	
		3. Mailing Address	Mailing Address					
Suite, Apt.	7 0- 11	Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	07112006 Cr	ng-NP (CR2E037 (4/06)		
City & State C		City & State Tampa, FL	Tampa, ML		3	<u> </u>	plied For t Applicable	
336 C	OC Country	33606	Country J. S.	5. Certificate of St		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	Nome	7. Name and Add	ress of New Regis	tered Agent		
TAYLOR, TAMMY			Iname	Name				
	LLOW AVE.		Street Address (Not Acceptable)			
*								
			City			FL Zip Code	9	
	e named entity submits this statement for tions of registered agent?	r the purpose of changing its re	gistered office or regi	istered agent, or both, in	the State of Florida	. I am familiar with,	and accept	
, the obligat	iona or registered agentic							
	•							
SIGNATURE								
ŞIGNATŲRE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature req	quired when reinstating)		DATE		
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 ue by September 6, 2006	and title if applicable. (NOTE: F 9. Election Camp Trust Fund Coi	aign Financing	quired when reinstating) \$5.00 May Be Added to Fees		check payable to		
	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be	Florida	check payable to Department of St	ate	
D 10.	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIF	9. Election Camp Trust Fund Co	aign Financing ntribution. 11. TITLE	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	ate	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: