2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 14, 2007 08:00 AM Secretary of State

DOCUMENT # N9600000279 1. Entity Name WILLOWS OF HYDE PARK HOMEOWNERS ASSOCIATION, INC.							,
Principal Place	e of Business	Mailing Address 501 S WILLOW AVE	•				
TAMPA, FL	33606 US	TAMPA, FL 33606 US		ł			
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	A STATE OF THE STA		1	4. FEI Numb 59-342			Not Applicable
			and the second	5. Certificate	of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			135 W	Stra stand	etyras (* 11).	5 155%	The state of the second of the
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TAMPA, F					THIS S		
							Francisco de la companya de la comp
			D.				
8. The above	named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of I	Florida. I an	n familiar with, and accept
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of I	Florida. I an	n familiar with, and accept
			ed office or register		oth, in the State of I	Florida. I an	
the obligat	ions of registered agent.		ad Agent signature required		oth, in the State of I		
the obligat	Signature, typed or printed name of registered agent an	Guide of epphicable (NOTE Registers P. Election Campaign Fina Trust Fund Contribution.	ad Agent signature required	d when reinstating)	oth, in the State of I		
the obligat	Signatura, typed or printed name of registered agent an Filling Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND D	Guide of epphicable (NOTE Registers P. Election Campaign Fina Trust Fund Contribution.	ad Agent signature required	d when reinstating)	oth, in the State of I		
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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 eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED