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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004597

1. Corporation Name

HISTORIC HYDE PARK NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business

1504 S DESOTO AVE
TAMPA FL 33606

Mailing Address

1504 S DESOTO AVE
TAMPA FL 33606



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/30/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3398233

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ELIZABETH B
HOLLAND & KNIGHT
400 N ASHLEY
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fully qualified and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D, S
NAME JOHNSON, PATRICK E
STREET ADDRESS 1504 S DESOTO AVE
CITY-ST-ZIP TAMPA FL 33606

DELETE

1.1 TITLE D
1.2 NAME JOHN JONES
1.3 STREET ADDRESS 1704 JETTON AVE.
1.4 CITY-ST-ZIP TAMPA FL 33606

Change Addition

TITLE D
NAME STEVENS, SCOTT
STREET ADDRESS 1801 W RICHARDSON PL
CITY-ST-ZIP TAMPA FL 33606

DELETE

2.1 TITLE RICK CRAWF
2.2 NAME
2.3 STREET ADDRESS D, VP
2.4 CITY-ST-ZIP TAMPA FL 33606

Change Addition

TITLE D, T
NAME BAILLAIRGE, DEVIN
STREET ADDRESS 2111 W WATROUS
CITY-ST-ZIP TAMPA FL 33606

DELETE

3.1 TITLE D
3.2 NAME ROBERT MORRIS
3.3 STREET ADDRESS 2109 MARJORY AVE.
3.4 CITY-ST-ZIP TAMPA FL 33606

Change Addition

TITLE D
NAME WHITMAN, WILLIAM W
STREET ADDRESS 2107 W WATROUS AVE
CITY-ST-ZIP TAMPA FL 33606

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME CRAIN, MEI
STREET ADDRESS 2117 MARJORY AVE
CITY-ST-ZIP TAMPA FL 33606

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D, P
NAME WALTERS, KEN
STREET ADDRESS 2109 W HILLS AVE
CITY-ST-ZIP TAMPA FL 33606

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)