2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000004597

1. Entity Name
HISTORIC HYDE PARK NEIGHBORHOOD ASSOCIATION,



FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90068 041 ****61.25

INC.									
1906 MORRISON AVE		Mailing Address PO BOX 2990 TAMPA, FL 33606			: t				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0200000				
City & State						Chg-NP C	CR2E037 (12/06)		
		City & State			4. FEI Number Applied For 59-3398233 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Regi	stered Agent		
GRUNKE, ROGER PRES			Name	Name					
1906 MOR TAMPA, F	RRISON AVE L 33606		Street	Street Address (P.O. Box Number is Not Acceptable)					
i I			City						
			1				FL Zip Cod		
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 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		e check payable t Department of S		
10.	OFFICERS AND DI	RECTORS	11.	A	DDITIONS/CHANG	GES TO OFFICERS.	AND DIRECTORS IN	1 10	
TITLE	PD PD	☐ Delete	TITLE	D	- 0			Addition	
name Street address	GRUNKE, ROGER 1906 MORRISON AVE		NAME STREET ADDRESS	GRU	NKE, K	OGER ISON AVE	:		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	1906	OA EL	33606	,		
TITLE	TD	□ Delete	TITLE	TD	•		Change	Addition	
NAME	VANN, DENNIS		NAME	, · ·		APBAIZA		~	
STREET ADDRESS	1409 S. DESOTO AVE			DEA	KIN, D	4 L-L-	·		
CITY-ST-ZIP	TALADA EL 20000		STREET ADDRESS	DEA 1409	KIN, DE	SOTO AV	E		
	TAMPA, FL 33606		STREET ADDRESS CITY-ST-ZIP	TA	KIN, B & S DE MPA F	SOTO AV	<u> </u>		
TITLE	VD	☐ Delete	STREET ADORESS CITY-ST-ZIP TITLE	PD	MPA F	<u>L 33</u>	606 Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	STREET ADDRESS CITY-ST-ZIP	PD	MPA F EIELD	DALLAS	COO	☐ Addition	
NAME	VD COFFIELD, DALLAS	☐ Delete	STREET ADORESS CITY-ST-ZIP TITLE NAME	PD COF 210	FIELD, 4 W. D	DALLAS DEKLE A	©©© Ø Change √€	☐ Addition :	
NAME STREET ADDRESS	VD COFFIELD, DALLAS 2104 W. DEKLE AVE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD COF	MPA F FIELD, 4 W. D 1PA FL	DALLAS DEKLE A - 3360	Change Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD COFFIELD, DALLAS 2104 W. DEKLE AVE TAMPA, FL 33606 D FARRELL-QUINN, JOANN		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COF	MPA F FIELD, 4 W. D 1PA FL	DALLAS DEKLE A - 3360	Change Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD COFFIELD, DALLAS 2104 W. DEKLE AVE TAMPA, FL 33606 D FARRELL-QUINN, JOANN 907 S. BRUCE STREET		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD COFO A DO TAN D HEI 182	MPA FL 4 W. D MPA FL SE, MA 1 PICHY	DALLAS DEKLE A 3360 124 ARDSON F	Change Change Change Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COFFIELD, DALLAS 2104 W. DEKLE AVE TAMPA, FL 33606 D FARRELL-QUINN, JOANN 907 S. BRUCE STREET TAMPA, FL 33606	p⊠ Delete	STREET ADDRESS CHY-SI-ZIP THLE NAME STREET ADDRESS CHY-SI-ZIP THLE NAME STREET ADDRESS CHY-SI-ZIP	PD COID TAN	MPA FL 4 W. D MPA FL SE, MA 1 PICHY	DALLAS DEKLE A	Change Change Change Change	⊠ Addition	
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indicated on this report or supplemental report is frue 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. PARBARA DEAK IV

SIGNATURE:

Barbara Dealin

DIRECTOR, TREASURER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. TITLE: D

NAME: PRESTON, MARIE ADDRESS: 1818 RICHARDSON PLACE

A ADDITION

CITY, ST, ZIP: TAMPA, FL 33606

TITLE: D

NAME: KIRSCHNER, CHIZIS

A ADDITION

ADDRESS: 1714 W MORRISON AVE

CHY, ST, ZIP: TAMPA, FL 33606

TITLE: D

NAME: WYATT, JACK

ADDRESS: 613 S DELAWARE AVE

474, ST, ZIP: TAMPA, FL 33606

ADDITION