

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N96000004597 1. Entity Name HISTORIC HYDE PARK NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1906 MORRISON AVE TAMPA, FL 33606			Mailing Address PO BOX 2990 TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-3398233
5. Certificate of Status Desired <input type="checkbox"/>					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent GRUNKE, ROGER PRES 1906 MORRISON AVE TAMPA, FL 33606					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.					FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUNKE, ROGER 1906 MORRISON AVE TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUNKE, ROGER 1906 MORRISON AVE TAMPA, FL 33606
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANN, DENNIS 1409 S. DESOTO AVE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEAKIN, BARBARA 1408 S. DESOTO AVE TAMPA, FL 33606
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COFFIELD, DALLAS 2104 W. DEKLE AVE TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFIELD, DALLAS 2104 W. DEKLE AVE TAMPA, FL 33606
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL-QUINN, JOANN 907 S. BRUCE STREET TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISE, MARY 1821 RICHARDSON PLACE TAMPA, FL 33606
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, ROSEMARY 2001 BAYSHORE BLVD TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSEMARY HENDERSON 2001 BAYSHORE BLVD TAMPA, FL 33606
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, JOHN 1704 JETTON AVE TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, DONWALLY 1908 MORRISON AVE TAMPA, FL 33606
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Barbara Deakin</u> DIRECTOR, TREASURER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/15/08 Daytime Phone # 813-839-2811					

ATTACHMENT

11. TITLE: D 40074334 ☒ ADDITION
NAME: PRESTON, MARIE
ADDRESS: 1818 RICHARDSON PLACE
CITY, ST, ZIP: TAMPA, FL 33606

TITLE: D
NAME: KIRSCHNER, CHRIS ☒ ADDITION
ADDRESS: 1714 W MORRISON AVE
CITY, ST, ZIP: TAMPA, FL 33606

TITLE: D ☒ ADDITION
NAME: WYATT, JACK
ADDRESS: 613 S DELAWARE AVE
CITY, ST, ZIP: TAMPA, FL 33606