2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000042868

1. Entity Name
HYDE PARK APARTMENTS, INC.

Principal Place of Business	Mailing Address
2104 WEST HILLS AVENUE TAMPA, FL 33606 US	2104 WEST HILLS AVE TAMPA, FL 33606 US

DO NOT WRITE IN THIS SPACE

04032008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3326142		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, MARC A.B.
509 S MLK JR AVE
CLEARWATER, FL 33756

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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, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLIMORE, NEAL
STREET ADDRESS	2104 W HILLS AVE OFE
CITY-ST-ZIP	TAMPA, FL 33606

U000009O4405
05/01/08-80011-015 150.00

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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 607, 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: _____ 4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #