

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004597

**Entity Name:** HISTORIC HYDE PARK NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**2909 W BAY TO BAY BLVD  
SUITE 108  
TAMPA, FL 33629**Current Mailing Address:**PO BOX 2990  
TAMPA, FL 33601 US**FEI Number:** 59-3398233**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEAKIN, BARBARA  
1408 S. DESOTO AVENUE  
TAMPA, FL 33606 US*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.***SIGNATURE:** BARBARA DEAKIN

03/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name DEAKIN, BARBARA  
Address 1408 S. DESOTO AVENUE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name DURDIN, KATHY  
Address 1820 RICHARDSON PLACE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name ALTMAN, ANN  
Address 2109 BAYSHORE BLVD, #705  
City-State-Zip: TAMPA FL 33606

Title PRESIDENT, DIRECTOR  
Name ACOSTA, DEL  
Address 1903 W BRISTOL AVE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name CARLSON, WILLIAM  
Address 1206 W. HORATIO ST  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name BAILEY, MARYLOU  
Address 810 S PACKWOOD AVE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name BAILEY, DONNALLY  
Address 1908 W MORRISON AVE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name HOST, SANDY  
Address 812 S PACKWOOD AVE  
City-State-Zip: TAMPA FL 33606

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA DEAKIN

TREASURER

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                STERN, ROBERT  
Address             905 S ROME AVE  
City-State-Zip:    TAMPA FL 33606

Title                 DIRECTOR, SECRETARY  
Name                SUMMERVILLE, PATRICIA  
Address             1810 W MORRISON AVE  
City-State-Zip:    TAMPA FL 33606