

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004915 (5)
1. Corporation Name

OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business: **18902 GREEN PINE LN TAMPA FL 33647**
Mailing Address: **18902 GREEN PINE LN TAMPA FL 33647**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 7628 N. 56TH STREET		11/01/1993	03/23/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27 SUITE 8		59-3244768	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28 TAMPA, FL		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29 33617	30 USA	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREENE, WM. BRITTON 8709 HUNTERS GREEN DRIVE TAMPA FL 33674				81 Name	WILLIAM C. SPIVEY		
				82 Street Address (P.O. Box Number is Not Acceptable)	7628 N. 56TH STREET		
				83	SUITE 8		
				84 City	TAMPA		
				FL	85 Zip Code	33617	

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 of 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 familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **MAY 13 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	PV
NAME	GREENE, WM. BRITTON	12 NAME	FIGUEROA, WALTER
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE	13 STREET ADDRESS	17752 OAK BRIDGE ST.
CITY-ST-ZIP	TAMPA FL 33647	14 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DST	21 TITLE	VD
NAME	MCMURTRY, NELL L	22 NAME	VELAZQUEZ, ANTHONY
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE	23 STREET ADDRESS	17750 OAK BRIDGE ST.
CITY-ST-ZIP	TAMPA FL 33647	24 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D	31 TITLE	TD
NAME	BLAKLEY, JOHN	32 NAME	ZAVERSNIK, LAURIE
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE	33 STREET ADDRESS	17746 OAK BRIDGE STREET
CITY-ST-ZIP	TAMPA FL 33647	34 CITY-ST-ZIP	TAMPA, FL 33647
TITLE		41 TITLE	SD
NAME		42 NAME	HENDERSON, PATRICIA
STREET ADDRESS		43 STREET ADDRESS	17766 OAK BRIDGE STREET
CITY-ST-ZIP		44 CITY-ST-ZIP	TAMPA, FL 33647
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **WALTER FIGUEROA** DATE: **4/23/96** TELEPHONE: **813-988-3684**

CR2E037 (12/95)