

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004915 (5)
1. Corporation Name
OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 18902 GREEN PINE LN TAMPA FL 33647	Mailing Address 7628 N. 56TH STREET SUITE 8 TAMPA FL 33617-7732
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2. Principal Place of Business 21 7628 N. 56TH STREET	2a. Mailing Address 26 7628 N. 56TH STREET SUITE 8	4. FEI Number 59-3244768	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 SUITE 8	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 TAMPA, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33617	Country 25 US	7. 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 SPIVEY, WILLIAM C. 7628 N. 56TH STREET SUITE 8 TAMPA FL 33617				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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 or 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIGEIROA, WALTER		1.2 NAME HENDERSON, PATRICIA	
STREET ADDRESS 17752 OAK BRIDGE ST.		1.3 STREET ADDRESS 17766 OAK BRIDGE	
CITY-ST-ZIP TAMPA FL 33647		1.4 CITY-ST-ZIP TAMPA, FL 33647	
TITLE V/D	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VELAZQUEZ, ANTHONY		2.2 NAME MONTEITH, STEVE	
STREET ADDRESS 17752 OAK BRIDGE ST		2.3 STREET ADDRESS 17764 OAK BRIDGE	
CITY-ST-ZIP TAMPA FL 33647		2.4 CITY-ST-ZIP TAMPA, FL 33647	
TITLE T/D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZAVERANIK, LAURIE		3.2 NAME MIRANDA, JOE	
STREET ADDRESS 17752 OAK BRIDGE ST		3.3 STREET ADDRESS 17763 OAK BRIDGE	
CITY-ST-ZIP TAMPA FL 33647		3.4 CITY-ST-ZIP TAMPA, FL 33647	
TITLE S/D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENDERSON, PATRICIA		4.2 NAME EVERETT, KEN	
STREET ADDRESS 17752 OAK BRIDGE ST		4.3 STREET ADDRESS 17769 OAK BRIDGE	
CITY-ST-ZIP TAMPA FL 33647		4.4 CITY-ST-ZIP TAMPA, FL 33647	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Miranda **SIGNATURE REQUIRED** 4-30-97 621-7797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048354

CR2E037 (9/96)