

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
7628 N 56TH ST
STE 8
TAMPA FL 33617
US

Mailing Address
7628 N. 56TH STREET
SUITE 8
TAMPA FL 33617

3. Date Incorporated or Qualified
11/01/1993

4. FEI Number
59-3244768

Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIVEY, WILLIAM C.
7628 N. 56TH STREET
SUITE 8
TAMPA FL 33617

81 Name STEVE MONTEITH
82 Street Address (P.O. Box Number is Not Acceptable) 17764 OAK BRIDGE ST.
83
84 City TAMPA FL 85 Zip Code 33647

11. Pursuant to the provisions of Sections 617.0532 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 *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, PATRICIA	
STREET ADDRESS	17766 OAK BRIDGE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	VELAZQUEZ, ANTHONY	
STREET ADDRESS	17752 OAK BRIDGE ST	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	MIRANDA, JOE	
STREET ADDRESS	17763 OAKBRIDGE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, PATRICIA	
STREET ADDRESS	17752 OAK BRIDGE ST	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MONTEITH, STEVE	
1.3 STREET ADDRESS	17764 OAK BRIDGE STREET	
1.4 CITY-ST-ZIP	TAMPA, FL 33647	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EVERETT, KENNETH	
2.3 STREET ADDRESS	17769 OAK BRIDGE STREET	
2.4 CITY-ST-ZIP	TAMPA, FL 33647	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VELAZQUEZ, SUSAN	
3.3 STREET ADDRESS	17750 OAK BRIDGE STREET	
3.4 CITY-ST-ZIP	TAMPA, FL 33647	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 *[Signature]* STEVE MONTEITH

CFR2E037 (10/97)