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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004915**

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
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2. Principal Place of Business 21 <b>17764 OAK BRIDGE STREET</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>17764 OAK BRIDGE STREET</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>11/01/1993</b>
22	27	4. FEI Number <b>59-3244768</b> Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>TAMPA FL</b> <del>33647</del>	28 City & State <b>TAMPA FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 Zip <b>33647</b> Country <b>USA</b>	29 Zip <b>33647</b> Country <b>USA</b>	30 Country <b>USA</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>MONTEITH, STEVE</b> <b>17764 OAK BRIDGE STREET</b> <b>TAMPA FL 33647</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	MONTEITH, STEVE 17764 OAK BRIDGE STREET TAMPA FL 33647	1.1 TITLE <b>T/D</b>	NANCY M. EVERETT 17769 OAK BRIDGE STREET TAMPA FL 33647
TITLE <b>SD</b>	EVERETT, KENNETH 17769 OAK BRIDGE STREET TAMPA FL 33647	2.1 TITLE <b>S/D</b>	SUSAN VELAZQUEZ 17750 OAK BRIDGE STREET TAMPA FL 33647
TITLE <b>T/D</b>	VELAZQUEZ, SUSAN 17750 OAK BRIDGE STREET TAMPA FL 33647	3.1 TITLE <b>D</b>	JEFFREY TATEM 17742 OAK BRIDGE STREET TAMPA FL 33647
TITLE <b>T/D</b>	ERNESTO HERNANDEZ 17767 OAK BRIDGE STREET TAMPA FL 33647	4.1 TITLE <b>D</b>	ERNESTO HERNANDEZ 17767 OAK BRIDGE STREET TAMPA FL 33647
TITLE <b>T/D</b>		5.1 TITLE	
TITLE <b>T/D</b>		6.1 TITLE	

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, with all other like empowered.

SIGNATURE: Nancy M. Everett **4/29/99** **813-991-6037**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)