

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2004
Secretary of State**

DOCUMENT# N93000004915

Entity Name: OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

17764 OAK BRIDGE ST
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

17764 OAK BRIDGE ST
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3244768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOCTOR, DUSTIN
17761 OAK BRIDGE ST
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FABREO, ROMEO
Address: 17759 OAK BRIDGE ST
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: DOCTOR, DUSTIN
Address: 17761 OAK BRIDGE ST
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: BURRELL, MARY
Address: 17740 OAK BRIDGE ST
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: PENON, DAVID
Address: 17742 OAK BRIDGE ST
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: MONEITH, STEVE
Address: 17764 OAK BRIDGE ST
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DUSTIN DOCTOR

TD

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date