


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # N93000004915 1. Entity Name OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business 17764 OAK BRIDGE ST TAMPA FL 33647	Mailing Address 17761 OAK BRIDGE ST TAMPA FL 33647
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3244768	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	1st MOORE CR2E037 (10/05)	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent DOCTOR, DUSTIN 17761 OAK BRIDGE ST TAMPA FL 33647	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dustin Doctor* Dustin Doctor, Treasurer DATE 05/01/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	NAME FABREO, ROMEO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17759 OAK BRIDGE ST	CITY-ST-ZIP TAMPA FL 33647	NAME	000000564264
CITY-ST-ZIP TAMPA FL 33647		STREET ADDRESS	05/20/06-80048-019 61.25
CITY-ST-ZIP TAMPA FL 33647		CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> Delete	NAME DOCTOR, DUSTIN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17761 OAK BRIDGE ST	CITY-ST-ZIP TAMPA FL 33647	NAME	
CITY-ST-ZIP TAMPA FL 33647		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33647		CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> Delete	NAME BURRELL, MARY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17740 OAK BRIDGE ST	CITY-ST-ZIP TAMPA FL 33647	NAME	
CITY-ST-ZIP TAMPA FL 33647		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33647		CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	NAME HOYDL, CHRIS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17768 OAK BRIDGE ST	CITY-ST-ZIP TAMPA FL 33647	NAME	
CITY-ST-ZIP TAMPA FL 33647		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33647		CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> Delete	NAME ZOVKO, BARBARA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17762 OAK BRIDGE ST	CITY-ST-ZIP TAMPA FL 33647	NAME	
CITY-ST-ZIP TAMPA FL 33647		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33647		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dustin Doctor* Dustin Doctor, Treasurer DATE 5/1/06 Daytime Phone # 813-996-9680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR