


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90056 007 ****61.25

DOCUMENT # N93000004915

1. Entity Name
OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**17764 OAK BRIDGE ST
 TAMPA, FL 33647**

Mailing Address
**17761 OAK BRIDGE ST
 TAMPA, FL 33647**

2. Principal Place of Business - No P.O. Box #
17740 OAK BRIDGE ST.

3. Mailing Address
17759 OAK BRIDGE ST.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33647

Country



08162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3244768

Applied For
 Not Applicable

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

8. 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
FABREO, ROMEO

Street Address (P.O. Box Number is Not Acceptable)
17759 OAK BRIDGE ST

City
FL Zip Code
33647

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

Filing Fee is \$61.25 Due by September 14, 2007

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

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--|---|--|
| TITLE D | FABREO, ROMEO 17759 OAK BRIDGE ST TAMPA, FL 33647 | TITLE D/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD | DOCTOR, DUSTIN 17761 OAK BRIDGE ST TAMPA, FL 33647 | TITLE D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | HOYDL, CHRIS 17768 OAK BRIDGE ST TAMPA, FL 33647 | TITLE D/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PD | ZOVKO, BARBARA 17762 OAK BRIDGE ST TAMPA, FL 33647 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: f. O. Fabreo, ROMEO A. FABREO 8/16/07 813-994-5619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #