2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9300004915 1. Entity Name OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.				(9/1	Secretary of State 08-20-2007 90056 007 ****61.25		
Principal Place of Business Mailing Address 17764 OAK BRIDGE ST 17761 OAK BRIDGE ST TAMPA, FL 33647 TAMPA, FL 33647							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 17740 OAK BLIDGE ST. 17759 OAK BLIDGE ST.							
Suite, Apt. #, etc. Suite, Apt. #, etc.			08162007 Ch	08162007 Chg-NP CR2E037 (12/06)			
TAMP	City & State TAMPA FL TAMPA, FL			4. FEI Number 59-324476	8	Applied For Not Applicable	
3364		33647	Country	5. Certificate of Sta	atus Desired	Additional puired	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DOCTOR, DUSTIN 17761 OAK BRIDGE ST TAMPA, FL 33647			F	Name FABREO ROMEO Street Address (P.O. Box Number is Not Acceptable)			
: IAMEA, 1 & 00041				17759 OAK BRIVE ST			
					FL Zip	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							
		and the dependent.	registereo Agent signature te	dried when telestrich	DAIE		
Dı	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be Added to Fees	Make check payat Florida Department of		
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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 FOMEO A. FABREC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/07

813-994-5619

Daytime Phone #