


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N93000004915
 1. Entity Name
OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
17740 OAK BRIDGE ST **17759 OAK BRIDGE ST**
TAMPA, FL 33647 **TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-3244768** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FABREO, ROMEO
17759 OAK BRIDGE ST
TAMPA, FL 33647

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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 _____ 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 May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FABREO, ROMEO 17759 OAK BRIDGE ST TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURRELL, MARY 17740 OAK BRIDGE ST TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZOVKO, BARBARA 17762 OAK BRIDGE ST TAMPA, FL 33647
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 03/13/08-80040-007 61.25

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: P. J. Fabreo ROMEO A. FABREO 3/1/08 813-9945619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #