

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # N9300004915

1. Corporation Name

OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

7628 N 56TH ST

STE 8 **TAMPA FL 33617**  Mailing Address 7628 N. 56TH STREET

SUITE 8

**TAMPA FL 33617** 

**FILED** May 06, 1999 8:00 am § Secretary of State

05-06-1999 90142 014 \*\*\*\*61.25

|--|--|--|--|--|--|

2 D======1 D/	ce of Business 2a. Mailing Address		Date Incorporated or Qualifed						
	OAK BRIDGE STREET 26 17764 OAK BRIDGE STREET		TOEET	11/01/1993					
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number	Anr	lied For			
	#, <del>8</del> (C.	<b>⊢</b> '''			59-3244768	— <del>                                    </del>	Applicable		
22 City 9 State		City & State			00 02471 00	\$8.75 A			
City & State		— — aa. E	=_		5. Certificate of Status Desired	Fee Re			
23 TAM	PA FL Country	Zip	Country		6 Charles Compains Singuis				
Zip 24 3361		ا من الله		- Licensi Sampagi i manong			, ,		
24 336	<u> </u>			1	10. Name and Address of New Registere		71 603		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Addistant	a Agont			
			"	1161110					
MONTEITH	i, steve		82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
17764 OA	k Bridge Street								
TAMPA FL	. 33647		83						
	84			City		85 Zip C	ode		
			احا	Oily .	F	L			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	norized by th	e corporation	n's board of directors. I hereby accept the app	pointment as reg	listerea		
	in tarristar with, and accept the obligation	)//S 0/, Decao// 017.0000, 1 lond	a Clatatos.				ļ		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent s	ignature required	when reinstating) DATE		<del></del> -		
12.	OFFICERS AND		13.	<del> </del>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	17/1	D	Change	Addition		
NAME	MONTEITH, STEVE		1.2 NAME	MA	WAY M FUERETT		.		
	17764 OAK BRIDGE STREET	ļ	1.3 STREET A	nnpess 17	769 OAK BRIDGE STRE	ET	ł		
STREET ADDRESS				-TA	IMPA FL 33647				
CITY-ST-ZIP	TAMPA FL 33647	<b>⊠</b> DELETE	1.4 CITY-ST-7			Change	Addition		
TITLE	SD	DELETE	2.1 TITLE	5/	D ISAN VELAZQUEZ	Change			
NAME	Everett, Kenneth		2.2 NAME	1	750 OAK BRIDGE STRE	ec T			
STREET ADDRESS	17769 OAK BRIDGE STREET		2.3 STREET A			1	Į		
CITY-ST-ZIP	TAMPA FL 33647		2.4 CITY-ST-	ZIP TP	AMPA FL 33647		<b>□6 •</b> 1 400		
TITLE	T/D	☐ DELETE	3.1 TITLE	J)		Change	Addition		
NAME	velazquez, susan		3.2 NAME	JE	FFREY TATEM				
STREET ADDRESS	17750 OAK BRIDGE STREET		3.3 STREET A		742 OAK BRIDGE STREE	T			
CITY-ST-ZIP	TAMPA FL 33647		3.4 CITY-ST-	ZIP TP	AMPA FL 33647				
TITLE		☐ DELETE	4.1 TITLE	D		Change	Addition		
NAME			4. 2 NAME	ER	NESTO HERNANDEZ				
STREET ADDRESS			4.3 STREET A	DDRESS 17-	767 OAK BRIDGE STRE	ET			
			4.4 CITY-ST-2		MPA FL 33647	·			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	- 177	<u> </u>	[] Change	Addition		
		C 255515	5.2 NAME			_ •			
NAME			5.3 STREET A	nnorce					
STREET ADDRESS			1						
CITY-ST-ZIP			5.4 CITY-ST-	417		Change	☐ Addition		
TITLE		☐ DELETE	6.1 TTLE	\		LJ Change	C) Addicion (		
NAME .			6.2 NAME	ļ					
STREET ADDRESS			6.3 STREET A	DORESS					
CITY-ST-7IP			6.4 CITY-ST-	ZNP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: