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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004915					
1. Corporation Name OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 7628 N 56TH ST STE 8 TAMPA FL 33617 US			Mailing Address 7628 N. 56TH STREET SUITE 8 TAMPA FL 33617		
2. Principal Place of Business 21 17764 OAK BRIDGE STREET Suite, Apt. #, etc. 22		2a. Mailing Address 26 17764 OAK BRIDGE STREET Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 11/01/1993	
23 TAMPA FL City & State Zip Country 24 33647 25 USA		28 TAMPA FL City & State Zip Country 29 33647 30 USA		4. FEI Number 59-3244768 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent MONTEITH, STEVE 17764 OAK BRIDGE STREET TAMPA FL 33647			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME PD MONTEITH, STEVE STREET ADDRESS 17764 OAK BRIDGE STREET CITY-ST-ZIP TAMPA FL 33647			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME NANCY M. EVERETT 1.3 STREET ADDRESS 17769 OAK BRIDGE STREET 1.4 CITY-ST-ZIP TAMPA FL 33647		
TITLE <input checked="" type="checkbox"/> DELETE NAME SD EVERETT, KENNETH STREET ADDRESS 17769 OAK BRIDGE STREET CITY-ST-ZIP TAMPA FL 33647			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME SUSAN VELAZQUEZ 2.3 STREET ADDRESS 17750 OAK BRIDGE STREET 2.4 CITY-ST-ZIP TAMPA FL 33647		
TITLE <input type="checkbox"/> DELETE NAME T/D VELAZQUEZ, SUSAN STREET ADDRESS 17750 OAK BRIDGE STREET CITY-ST-ZIP TAMPA FL 33647			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME JEFFREY TATEM 3.3 STREET ADDRESS 17742 OAK BRIDGE STREET 3.4 CITY-ST-ZIP TAMPA FL 33647		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME ERNESTO HERNANDEZ 4.3 STREET ADDRESS 17767 OAK BRIDGE STREET 4.4 CITY-ST-ZIP TAMPA FL 33647		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

WILLIAM M. EVERETT

4/29/99

813-991-6037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM M. EVERETT

Date Daytime Phone #

CR2E037 (11/98)