

**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

**17740 OAK BRIDGE ST
TAMPA, FL 33647**

Mailing Address

**17759 OAK BRIDGE ST
TAMPA, FL 33647**



02292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DT
NAME	FABREO, ROMEO
STREET ADDRESS	17759 OAK BRIDGE ST
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DP
NAME	BURRELL, MARY
STREET ADDRESS	17740 OAK BRIDGE ST
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DS
NAME	ZOVKO, BARBARA
STREET ADDRESS	17762 OAK BRIDGE ST
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000845467
03/13/08-80040-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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. J. Fabreo ROMEO A. FABREO

3/1/08 813-9945619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #