

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90032 016 ****61.25

DOCUMENT # N01000005093 1. Entity Name OAKFORD PARK NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 3217 NORTH A STREET ATTN: KATHY GOOD JENKINS TAMPA, FL 33609			Mailing Address 3217 NORTH A STREET ATTN: KATHY GOOD JENKINS TAMPA, FL 33609		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3745158	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ECHEVARRIA, KATHERINE H 308 N. BEVERLY AVENUE TAMPA, FL 33609				Name Kathy Good Jenkins Street Address (P.O. Box Number is Not Acceptable) 3217 North A Street City Tampa FL Zip Code 33609	
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 <i>Kathleen Good Jenkins</i> Kathleen Good Jenkins, President 3/15/2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHEVARRIA, KATHERINE H 308 N. BEVERLY AVENUE TAMPA, FL 33609	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATHLEEN GOOD JENKINS 3217 NORTH A STREET TAMPA FL 33609	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACQUI LO CICERO 609 N. WOODLYNNE AVENUE TAMPA, FL 33609	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARILYN FIGUEROA 3401 NORTH B STREET TAMPA FL 33609	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SICARD, MARTIN 3621 W. CARMEN STREET TAMPA, FL 33609	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVARRIA, KATHERINE H 308 N BEVERLY AVENUE TAMPA FL 33609	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PROSSER, SUSAN 202 N. BEVERLY AVENUE TAMPA, FL 33609	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL JENKINS 3217 NORTH A STREET TAMPA FL 33609	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, CLEMENTI 307 N CLEARWATER FL TAMPA, FL 33609	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIO MORAN 205 N BEVERLY AVENUE TAMPA FL 33609	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, KATHLEEN 3608 NORTH A STREET TAMPA, FL 33609	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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: <i>Kathleen Good Jenkins</i> Kathleen Good Jenkins, Pres 3/15/2004 813-872-6023 <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>					