

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3745158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOOD JENKINS, KATHY
3217 NORTH A STREET
TAMPA, FL 33609

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOOD JENKINS, KATHLEEN
STREET ADDRESS 3217 NORTH A STREET
CITY-ST-ZIP TAMPA, FL 33609

TITLE VD
NAME JACQUI LO CICERO
STREET ADDRESS 609 N. WOODLYNNE AVENUE
CITY-ST-ZIP TAMPA, FL 33609

TITLE SD
NAME FIGUEREDO, MARILYN
STREET ADDRESS 3401 NORTH B STREET
CITY-ST-ZIP TAMPA, FL 33609

TITLE TD
NAME PROSSER, SUSAN
STREET ADDRESS 202 N. BEVERLY AVENUE
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME JAMES, CLEMENTI
STREET ADDRESS 307 N CLEARWATER FL
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME HUDSON, KATHLEEN
STREET ADDRESS 3608 NORTH A STREET
CITY-ST-ZIP TAMPA, FL 33609

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IN THIS SPACE**

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:

Kathleen Good Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2005 813-872-1023
Date Daytime Phone #