

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90100 037 ****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

00011100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

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

Name Sandra Mooneyham
Street Address (P.O. Box Number is Not Acceptable)
3623 W. Gray St.
Tampa, FL 33609
City FL **Zip Code**

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 Sandra Mooneyham, President 4/8/06
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, 2006

9. Election Campaign Financing ☐ **\$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 **PD** ☒ Delete
NAME **GOOD JENKINS, KATHLEEN**
STREET ADDRESS **3217 NORTH A STREET**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☒ Change ☐ Addition
NAME Sandra Mooneyham
STREET ADDRESS 3623 W. Gray St.
CITY-ST-ZIP Tampa, FL 33609

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

TITLE ☒ Change ☐ Addition
NAME Kathleen C. Hudson
STREET ADDRESS 3608 North A St
CITY-ST-ZIP Tampa 33609

TITLE **SD** ☒ Delete
NAME **FIGUEROA, MARILYN**
STREET ADDRESS **3401 NORTH B STREET**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME Richard Diaz
STREET ADDRESS 3621 W. Gray St.
CITY-ST-ZIP 09

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: Sandra Mooneyham, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/06 8138775701
Date Daytime Phone #