


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90018 007 ****61.25

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| 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 - No P.O. Box # JOHN HUDSON Suite, Apt. #, etc. 707 N. HIMES AVE City & State TAMPA, FL Zip 33609 | | 3. Mailing Address 707 N. HIMES AVE Suite, Apt. #, etc. TAMPA, FL City & State 33609 Zip 33609 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3745158 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOONEYHAM, SANDRA 3623 W GRAY ST TAMPA, FL 33609 | | 7. Name and Address of New Registered Agent Name KATHERINE ECHEVARRIA Street Address (P.O. Box Number is Not Acceptable) 308 N. BEVERLY AVE TAMPA FL City 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 <u>Katherine H. Echevarria</u> 3/13/07 <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, 2007 | | 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 MOONEYHAM, SANDRA 3623 W GRAY ST TAMPA, FL 33609 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT JOHN HUDSON 707 N. HIMES AVE TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HUDSON, KATHLEEN C 3608 NORTH 'A' ST TAMPA, FL 33609 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FIGUEROA, MARILYN 3401 NORTH B STREET TAMPA, FL 33609 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY KATHERINE ECHEVARRIA 308 N. BEVERLY AVE TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PROSSER, SUSAN 202 N. BEVERLY AVENUE TAMPA, FL 33609 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JAMES, CLEMENTI 307 N CLEARWATER FL TAMPA, FL 33609 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIAZ, RICHARD 3621 W GRAY ST TAMPA, FL 33609 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Katherine H. Echevarria | | 3/13/07 813 877-3357 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |