

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005093

FILED
Jan 16, 2009
Secretary of State

Entity Name: OAKFORD PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

KATHY ECHEVARRIA
308 N. BEVERLY AVE.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

308 N. BEVERLY AVE.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3745158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVARRIA, KATHERINE
308 N BEVERLY AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHEVARRIA, KATHY
Address: 308 N. BEVERLY AVE.
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: HUDSON, KATHLEEN C
Address: 3608 NORTH 'A' ST
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: KATHY, ECHEVARRIA
Address: 308 N BEVERLY AVE
City-St-Zip: TAMPA, FL 33609

Title: TD () Delete
Name: PROSSER, SUSAN
Address: 202 N. BEVERLY AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: JAMES, CLEMENTI
Address: 307 N CLEARWATER FL
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: DIAZ, RICHARD
Address: 3621 W GRAY ST
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE ECHEVARRIA

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date