

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N01000005093**

1. Entity Name
OAKFORD PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**308 N. BEVERLY AVENUE
TAMPA FL 33609**

Mailing Address

**308 N. BEVERLY AVENUE
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

Applied For

Not Applicable

Zip Country

Zip

Country

5. Certificate of Status Desired

NO
**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ECHEVARRIA, KATHERINE H
308 N. BEVERLY AVENUE
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Katherine H. Echevarria

02/18/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

**\$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**
NAME **ECHEVARRIA, KATHERINE H**
STREET ADDRESS **308 N. BEVERLY AVENUE**
CITY-ST-ZIP **TAMPA FL 33609**

Delete

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

Delete

TITLE **SD**
NAME **SICARD, MARTIN**
STREET ADDRESS **3621 W. CARMEN STREET**
CITY-ST-ZIP **TAMPA FL 33609**

Delete

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

Delete

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

Delete

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

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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: *Katherine H. Echevarria*

2/18/03

03 8773357

CR2E037 (10/02)

ONLINE