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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001754

1. Corporation Name

PALMA CEIA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

3314 BARCELONA STREET
TAMPA FL 33629

Mailing Address

3314 BARCELONA STREET
TAMPA FL 33629

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3296191	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country		
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JENNIS, DAVID S 201 S FRANKLIN STREET SUITE 2600 TAMPA FL 33602				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LARocca, JOHN N	1.2 NAME	
STREET ADDRESS	3314 BARCELONA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE (D)	☒ Change ☐ Addition
NAME	BUCKNER, RAYMOND	2.2 NAME	DAVID S. JENNIS
STREET ADDRESS	3302 GRANADA ST.	2.3 STREET ADDRESS	3324 BARCELONA ST.
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KOTZER-JENNIS, LORI	3.2 NAME	
STREET ADDRESS	3324 BARCELONA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99
 Date

(813) 226-8970
 Calling Phone #

CR2E037 (11/98)