

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001754

FILED
Apr 26, 2005
Secretary of State

Entity Name: PALMA CEIA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

3324 BARCELONA ST
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

PO BOX 18756
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3296191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNIS, DAVID S
400 N. ASHLEY ST
TAMPA, FL 33602 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: SD () Delete
Name: DAVIS, KIMBERLY
Address: 3414 SAN PEDRO ST
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: ROCKEY, TOM
Address: 3502 W PALMIRA ST
City-St-Zip: TAMPA, FL 33629

Title: PD () Delete
Name: KOTZER-JENNIS, LORI
Address: 3324 BARCELONA ST
City-St-Zip: TAMPA, FL 33629

Title: VPD () Delete
Name: BARIS, BRENT
Address: 3405 W BARCELONA ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MONTE, DENISE
Address: 2306 SOUTH CARDENAS AVENUE
City-St-Zip: TAMPA, FL 33629

Title: TD (X) Change () Addition
Name: MERRILL, GAYLE
Address: 2900 WEST SAN NICHOLAS STREET
City-St-Zip: TAMPA, FL 33629

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 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 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: GAYLE MERRILL

TD

04/26/2005

Electronic Signature of Signing Officer or Director

Date