

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001754

1. Entity Name
PALMA CEIA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**3324 BARCELONA ST
TAMPA, FL 33629**

Mailing Address
**PO BOX 18756
TAMPA, FL 33629**



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3296191

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JENNIS, DAVID S
400 N. ASHLEY ST
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when relating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00000540709
05/10/06-80028-022 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MONTE, DENISE
2306 SOUTH CARDENAS AVENUE
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MERRILL, GAYLE
2900 WEST SAN NICHOLAS STREET
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KOTZER-JENNIS, LORI
3324 BARCELONA ST
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
BARIS, BRENT
3405 W BARCELONA ST
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

Lori K. Jennis President

4/25/06

813-831-8389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #