2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713994

Entity Name: CENTRO ASTURIANO DE TAMPA, INC.

FILED Apr 28, 2015 Secretary of State CC8308595915

Current Principal Place of Business:

1913 NEBRASKA AVENUE TAMPA, FL 33602

Current Mailing Address:

1913 NEBRASKA AVENUE TAMPA. FL 33602

FEI Number: 59-0148165 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOLD, AARON J ESQUIRE ALLEN DELL, P.A. 202 S. ROME AVE - STE. 100 TAMPA, FL 33606 US

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

Officer/Director Detail:

Title **PRESIDENT** Title **DIRECTOR**

Name MENENDEZ. FRANK Name PANNIER. VIRGINIA L

Address 2130 DALLAS AVENUE Address 7810 N MATANZAS AVENUE

City-State-Zip: TAMPA FL 33614 City-State-Zip: TAMPA FL 33603

Title DIRECTOR Title

SPOTO, GEORGINA Name Name LOMBARDIA, KENNETH R Address 4718 MICHAEL CT #113 Address 4707 EL PRADO BLVD

City-State-Zip: TAMPA FL 33614 TAMPA FL 33629 City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

LOMBARDIA, VIOLETA Name Name DURAN, MANUEL DR. 1812 ST. ISABEL ST Address Address 10632 ASHFORD OAKS DR

City-State-Zip: TAMPA FL 33603 City-State-Zip: TAMPA FL 33625

Title DIRECTOR Title **DIRECTOR**

Name ECHEVARRIA, EMILIO DR. Name RIVERO, ALICIA Address 308 N BEVERLY AVE Address 3614 CARMEN ST City-State-Zip: TAMPA FL 33614

City-State-Zip: TAMPA FL 33609

Continues on page 2

I hereby 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 all other like empowered.

04/28/2015 SIGNATURE: VIRGINIA PANNIER **DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name RODRIGUEZ, ROLAND
Address 3010 LAKE ELLEN LANE

City-State-Zip: TAMPA FL 33618

Title DIRECTOR

Name BARTOLOTTI, CATHY Address 4023 N LINCOLN AVE

City-State-Zip: TAMPA FL 33607

Title DIRECTOR

Name AMOR, JACK

Address 1 TECO PLAZA

City-State-Zip: TAMPA FL 33602

Title DIRECTOR

Name CALDEVILLA, RICHARD
Address 1709 N HOWARD AVE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR

Name FAVATA, RAY ANN

Address 3711 CHAMPAGNE DR

City-State-Zip: TAMPA FL 33618

Title TREASURER
Name LOPEZ, MICHAEL
Address PO BOX 152478
City-State-Zip: TAMPA FL 33684

Title DIRECTOR

Name SCHUMACHER, DALE

Address PO BOX 7492

City-State-Zip: TAMPA FL 33673-7492