

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746818

**Entity Name:** CASA DE PALMA, INC.**Current Principal Place of Business:**302 E PALM AVE  
TAMPA, FL 33602**Current Mailing Address:**215 E PALM AVE  
TAMPA, FL 33602-2200 US**FEI Number:** 59-1934551**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WEAR, JR  
7827 N. DALE MABRY HWY.  
SUITE104  
TAMPA, FL 33614 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	P
Name	STRAIN, RANDALL
Address	4016 EL PRADO BLVD
City-State-Zip:	TAMPA FL 33629

Title	ST
Name	STRAIN, SALLY
Address	4016 EL PRADO
City-State-Zip:	TAMPA FL 33629

Title	D
Name	CROSS, RUTH ANN
Address	1712 FERRIS AVE.
City-State-Zip:	TAMPA FL 33603

Title	D
Name	JULUE, DAVID
Address	502 E. CLARA DR
City-State-Zip:	BRANDON FL 33510

Title	D
Name	CRAMER, ROBBY
Address	5200 DOVE DR
City-State-Zip:	NEW PORT RICHEY FL 34652

*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.*

**SIGNATURE:** RANDALL STRAIN

PRESIDENT

01/27/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date