

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765802

**Entity Name:** COLOMBIAN VOLUNTEER LADIES OF TAMPA BAY, INC.

**Current Principal Place of Business:**

12651 N DALE MABRY HWY  
#271671  
TAMPA, FL 33688

**FILED**  
**Mar 15, 2024**  
**Secretary of State**  
**0564763356CC**

**Current Mailing Address:**

P O BOX 271671  
TAMPA, FL 33688 US

**FEI Number: 59-2258515**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ALTURA GROUP LLC  
14502 NORTH DALE MABRY HIGHWAY  
SUITE 326  
TAMPA, FL 33618 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: NORMA BERRIOS**

**03/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	PRESIDENT
Name	LUTZ, ESTHER	Name	COHEN, LIGIA
Address	4301 FOXGLEN LANE	Address	14906 DEVONSHIRE WOODS PLACE
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624
Title	TREASURER	Title	RECORDING SECRETARY
Name	PEREA, CATALINA	Name	ROSENFELD, CLAUDIA
Address	7001 INTERBAY BLVD UNIT 346	Address	3912 DUNAIRE DRIVE
City-State-Zip:	TAMPA FL 33616	City-State-Zip:	VALRICO FL 33596
Title	ADVISER	Title	FISCAL AUDITOR
Name	FALQUEZ, FERNANDO	Name	RESTREPO, GLADYS
Address	12508 BRONCO DRIVE	Address	12512 BAY BRANCH COURT
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33635

*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: CATALINA PEREA**

**TREASURER**

**03/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date