

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007507

**Entity Name:** PALENCIA ELEMENTARY SCHOOL PTO, INC.

**Current Principal Place of Business:**

355 PALENCIA VILLAGE DRIVE  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

355 PALENCIA VILLAGE DRIVE  
ST AUGUSTINE, FL 32095

**FEI Number: 45-5493223**

**Certificate of Status Desired: No**

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

LAW OFFICES OF CURTIS & ASSOCIATES, P.A.  
701 MARKET ST, UNIT 109  
ST AUGUSTINE, FL 32095 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 PD  
Name HUNT, LAURIE  
Address 771 CYPRESS CROSSING TRAIL  
City-State-Zip: ST AUGUSTINE FL 32095

Title PD  
Name MADSON, LAUREL  
Address 143 LA MESA DR  
City-State-Zip: ST AUGUSTINE FL 32095

Title TD  
Name ANDERSON, CARRIE  
Address 372 TAVISTOCK DR  
City-State-Zip: ST AUGUSTINE FL 32095

Title D  
Name LAY, KATIE  
Address 6324 OLD DIXIE DR  
City-State-Zip: SAINT AUGUSTINE FL 32095

Title D  
Name LEWIS, TRACY  
Address 807 CYPRESS CROSSING TRAIL  
City-State-Zip: ST AUGUSTINE FL 32095

Title D  
Name SAWYER, NICOLE  
Address 609 MCKENZIE OAK LANE  
City-State-Zip: SAINT AGUSTINE FL 32095

Title DIRECTOR  
Name HAZEL, JENNY C ESQ.  
Address 622 HANNAH PARK LANE  
City-State-Zip: ST. AUGUSTINE FL 32095

*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: CARRIE ANDERSON**

**TD**

**04/01/2014**

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

\_\_\_\_\_  
Date