

**2020 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 US

**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 DIRECTOR, CO-PRESIDENT  
Name GRAMATGES, AMY  
Address 154 N RIVER DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR, CO-PRESIDENT  
Name HARE, TRICIA  
Address 302 VALE DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR, TREASURER  
Name WILLARD, LAURA  
Address 209 SPANISH MARSH DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR, CO-PRESIDENT  
Name HANCHER, MEGHAN  
Address 118 ARNAU COURT  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR, CORPORATE SPONSOR  
CHAIR  
Name REBELLA, HEATHER  
Address 336 VALE DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR, PIRATE 5K  
CHAIRPERSON  
Name LACONTE, AMANDA  
Address 193 SPANISH MARSH DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR, TREASURER  
Name FEZZA, MARGOT  
Address 89 HACIENDA WAY  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR, SILENT AUCTION  
CHAIRPERSON  
Name STROUT, MERIDITH  
Address 447 SEBASTIAN SQUARE  
City-State-Zip: ST. AUGUSTINE FL 32095

**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.*

**SIGNATURE:** MEGHAN HANCHER

**DIRECTOR, CO-  
PRESIDENT**

**04/30/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, VICE PRESIDENT  
Name            TURNER, EMILY  
Address        277 VALE DRIVE  
City-State-Zip: ST AUGUSTINE FL 32095