

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754259

FILED
Feb 10, 2005
Secretary of State

Entity Name: PALMA CEIA PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% ANDOVER PROPERTIES, INC.
5008 W. LINEBAUGH AVE., STE 16
TAMPA, FL 33624

New Principal Place of Business:

ANDOVER PROPERTIES, INC.
5008 W. LINEBAUGH AVE., STE 16
TAMPA, FL 33624

Current Mailing Address:

% ANDOVER PROPERTIES, INC.
5008 W. LINEBAUGH AVE., STE 16
TAMPA, FL 33624

New Mailing Address:

ANDOVER PROPERTIES, INC.
5008 W. LINEBAUGH AVE., STE 16
TAMPA, FL 33624

FEI Number: 59-2269175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDOVER PROPERTIES, INC.
5008 W. LINEBAUGH AVE., STE 16
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAN PEDRO, LINDA
Address: 5255 LINCOLN AVE., UNIT 203B
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: WILLIERS, A.R. JR.
Address: 5104 W. SAN JOSE
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: DEJONGE, NOEMI
Address: 2707 N HABANA AVE
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: HANEY, LINDA
Address: 525 S LINCOLN AVE, #208B
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: MEREDITH, PATRICIA
Address: 527 S. LINCOLN AVE, #103A
City-St-Zip: TAMPA, FL 33609

Title: SD () Delete
Name: SHOFFSTALL, MICHELLE
Address: 527 S. LINCOLN AVE, #105A
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM E. PRICE

AGEN

02/10/2005

Electronic Signature of Signing Officer or Director

Date