


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90031 050 ****61.25

DOCUMENT # 766009		
1. Entity Name PALMA CEIA OAKS CONDOMINIUM ASSOCIATION, INC.		

40018875

Principal Place of Business 5008 W. LINEBAUGH AVENUE SUITE 15 TAMPA, FL 33654 US	Mailing Address P.O. BOX 8393 TAMPA, FL 33674 US
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2. Principal Place of Business - No P.O. Box # 3105, 3107, & 3109 Horatio	3. Mailing Address P.O. Box 18262
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL	City & State Tampa FL
Zip 33609	Zip 33674-8262
Country USA	Country USA

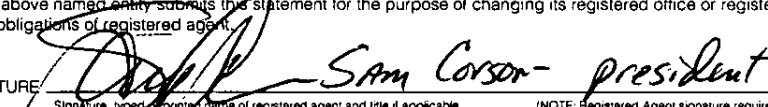


01282008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent A ONE STOP PROPERTY MANAGEMENT, LLC 5008 W. LINEBAUGH AVENUE SUITE 15 TAMPA, FL 33654	
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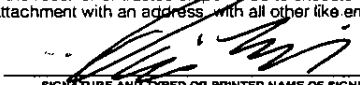
4. FEI Number 59-2319925	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Bay Ridge Property Management Street Address (P.O. Box Number is Not Acceptable) 216 Hyde Park PL Suite #3 City Tampa FL Zip Code 33606	
8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Sam Corson - president	DATE 1/30/08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NAIL, DANIEL 3107-14 W HORATIO TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUSSELL, J. PATRICK 3105-22 HORATIO TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, HOLLY 3107-13 HORATIO TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VAKILLI, HOOMAN 3107-25 HORATIO TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCLAURIN, MARLENE 3109-13 HORATIO TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		DIRECTOR FLOY MCNUITY 3107 W. Horatio #15 Tampa, FL 33609	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  Daniel M. Nail Pres. 1/30/08 813-251-2011	Date Daytime Phone #