## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00143

FILED Jaņ 03, 2<u>00</u>5 Secretary of State

Entity Name: PALMA CEIA OAKS II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3102 W HORATIO ST 3102 W HORATIO ST TAMPA, FL 33609

#27

TAMPA, FL 33609

**Current Mailing Address: New Mailing Address:** 

3102 W. HORATIO

TAMPA, FL 33609 US

FEI Number: 59-2619377 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

O'BRIAN, BONNIE O'BRIEN, BONNIE 3102 W. HORATIO #27 3102 W. HORATIO #27 TAMPA, FL 33609 TAMPA, FL 33609 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: BONNIE O'BRIEN 01/03/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

OBRIEN, BEATRICE OBRIEN, BEATRICE Name: Name: 3102 W. HORATIO ST. #27 Address: 3102 W. HORATIO ST. #27 Address:

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33609

Title: Title: (X) Change ( ) Addition ( ) Delete Name: MCDONALD, HEATHER Name: MCDONALD, HEATHER

Address: 3102 W. HORATIO STREET #14 Address: 3102 W. HORATIO STREET #24

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

Title: () Delete Title: (X) Change ( ) Addition

OWEN, ROSALIND Name: OWEN, ROSALIND Name: 3102 NW. HORATIO STREET #17 3102 W. HORATIO STREET #17 Address:

Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

Title: () Delete Title: ( ) Change (X) Addition Name: Name: SWIFT, EDWARD Address: Address: 3102 W. HORATIO ST. #28

City-St-Zip: City-St-Zip: TAMPA, FL 33609

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: BEATRICE O'BRIEN PD 01/03/2005

Electronic Signature of Signing Officer or Director

Date