2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# N00143

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

Current Principal Place of Business:

3102 W HORATIO ST
#27
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3102 W. HORATIO
#27
TAMPA, FL 33609 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

O'BRIEN, BONNIE
3102 W. HORATIO #27
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

O'BRIEN, BONNIE
3102 W. HORATIO
#27
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 01/09/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OBRIEN, BEATRICE
Address: 3102 W. HORATIO ST. #27
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete
Name: MCDONALD, HEATHER
Address: 3102 W. HORATIO STREET #24
City-St-Zip: TAMPA, FL 33609

Title: T ( ) Delete
Name: OWEN, ROSALIND
Address: 3102 W. HORATIO STREET #17
City-St-Zip: TAMPA, FL 33609

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BONNIE O'BRIEN PD 01/09/2006
Electronic Signature of Signing Officer or Director Date