

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00143

FILED
Jan 03, 2008
Secretary of State

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, BEATRICE L
3102 W. HORATIO
#27
TAMPA, FL 33609 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: OBRIEN, BEATRICE
Address: 3102 W. HORATIO ST. #27
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: LUDWIG, KARLENE
Address: 3102 W. HORATIO STREET #22
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: POSTON, DENNIS
Address: 4919 S RENELLIE DR
City-St-Zip: TAMPA, FL 33611

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: S (X) Change () Addition
Name: HARRINGTON, MICHAEL W
Address: 3102 W. HORATIO STREET #23
City-St-Zip: TAMPA, FL 33609

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 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: BEATRICE L. O'BRIEN

PD

01/03/2008

Electronic Signature of Signing Officer or Director

Date