


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90003 019 ****61.25

DOCUMENT # N02000009869	
1. Entity Name PALMA CEIA WEST NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 1902 SOUTH CLARK AVENUE TAMPA, FL 33629-5743	Mailing Address 1902 SOUTH CLARK AVENUE TAMPA, FL 33629-5743
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2. Principal Place of Business 4117 San Miguel St	3. Mailing Address 4117 San Miguel St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL	City & State Tampa FL
Zip 33629	Zip 33629
Country Hills	Country

6. Name and Address of Current Registered Agent ZACK, MEL 1902 SOUTH CLARK AVENUE TAMPA, FL 33629-5743	
7. Name and Address of New Registered Agent Name Gail Corcoran Street Address (P.O. Box Number is Not Acceptable) 4117 San Miguel St City Tampa FL Zip Code 33629	

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 Gail Corcoran, President Signature, typed or printed name of registered agent and title if applicable.	DATE 6-8-05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	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	V CORCORAN, GAIL 4108 W WATROUS ST. TAMPA, FL 336295743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORCORAN, Gail <input type="checkbox"/> Change <input type="checkbox"/> Addition 4117 San Miguel St Tampa, FL 33629 (Pres.)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALERMO, MICHAEL 3913 SAN RAFAEL ST. TAMPA, FL 336295743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McNabb, Michael <input type="checkbox"/> Change <input type="checkbox"/> Addition 2404 Clark Ave. Tampa, FL 33629 (V. Pres.)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCAGLIONE, CINDY 2303 CAMERON RD. TAMPA, FL 336295743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gay, Karen <input type="checkbox"/> Change <input type="checkbox"/> Addition 3916 W. San Nicholas St. Tampa, FL 33629 (Sec.)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORCORAN, GAIL 4108 W. WATROUS STREET TAMPA, FL 336295743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VanName, Donna <input type="checkbox"/> Change <input type="checkbox"/> Addition 2403 Hale Ave. Tampa, FL 33629 (Treas.)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, JOHN 1509 RICHARD AVE. TAMPA, FL 336295743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vernon, Steve <input type="checkbox"/> Change <input type="checkbox"/> Addition 1507 S. Clark Ave Tampa, FL 33629 (Director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNABB, MICHAEL 2404 CLARK AVE TAMPA, FL 336295743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Giovenco, Mary <input type="checkbox"/> Change <input type="checkbox"/> Addition 1522 S. Church Ave Tampa, FL 33629 (Director)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Gail L. Corcoran SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 6-8-05 Daytime Phone #: (813) 254 1273