


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90027 002 ****61.25

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # N02000009869 | | | |  | |
| 1. Entity Name PALMA CEIA WEST NEIGHBORHOOD ASSOCIATION, INC. | | | | | |
| Principal Place of Business 4117 SAN MIGUEL STREET TAMPA, FL 33629 | | | Mailing Address 4117 SAN MIGUEL STREET TAMPA, FL 33629 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address DONNA VAN NAME 2403 S Hale Ave. Tampa, FL 33629 | | | |
| Suite, Apt. #, etc. | | City & State | | | |
| Zip | Country | Country USA | | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MILLER, FRANK 4007 SAN MIGUEL ST TAMPA, FL 33629 | | | 7. Name and Address of New Registered Agent Name: FRANK MILLER Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code: | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE P | NAME MILLER, FRANK | | TITLE | NAME FRANK MILLER | |
| STREET ADDRESS 4007 SAN MIGUEL ST | CITY-ST-ZIP TAMPA, FL 33629 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE S | NAME GAY, KAREN | | TITLE | NAME | |
| STREET ADDRESS 3916 WEST SAN NICHOLAS STREET | CITY-ST-ZIP TAMPA, FL 33629 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE S | NAME SCAGLIONE, CINDY | | TITLE | NAME | |
| STREET ADDRESS 2303 CAMERON RD. | CITY-ST-ZIP TAMPA, FL 336295743 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE T | NAME VAN NAME, DONNA | | TITLE | NAME | |
| STREET ADDRESS 2403 HALE AVENUE | CITY-ST-ZIP TAMPA, FL 33629 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE D | NAME VERNON, STEVE | | TITLE | NAME FRED FARIAS | |
| STREET ADDRESS 1507 S CLARK AVENUE | CITY-ST-ZIP TAMPA, FL 33629 | | STREET ADDRESS 2402 CAMERON AVE | CITY-ST-ZIP TAMPA, FL 33629 | |
| TITLE V | NAME MCNABB, MICHAEL | | TITLE | NAME | |
| STREET ADDRESS 2404 CLARK AVE | CITY-ST-ZIP TAMPA, FL 336295743 | | STREET ADDRESS | CITY-ST-ZIP | |
| 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: _____ 7 Jan 2007 8133500198 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |