


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90035 049 ****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 2403 S HALE AVE TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # HERNANDEZ, JUAN		3. Mailing Address Suite, Apt. #, etc. 4004 W. ANGELES ST			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number NOT APPLICABLE	
Zip 33629	Country USA	Zip 33629	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLEN, FRANK- 4007 SAN MIGUEL ST TAMPA, FL 33629				7. Name and Address of New Registered Agent Name JUAN- HERNANDEZ JR Street Address (P.O. Box Number is Not Acceptable) 4004 W. ANGELES 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 <u><i>Juan Hernandez Jr</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3 April 08</u>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLEN, FRANK 4007 SAN MIGUEL ST TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, JUAN JR 4004 W. ANGELES ST TAMPA, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAY, KAREN 3916 WEST SAN NICHOLAS STREET TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCAGLIONE, CINDY 2303 CAMERON RD. TAMPA, FL 336295743	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN NAME, DONNA 2403 HALE AVENUE TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARIAS, FRED 2402 CAMERON AVE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCNABB, MICHAEL 2404 CLARK AVE TAMPA, FL 336295743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Karen G. Gay</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>			Date <u>April 3, 2008</u> Daytime Phone # <u>813-258-4964</u>		