2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0200009869 1. Entity Name PALMA CEIA WEST NEIGHBORHOOD ASSOCIATION,					04-09-2008 90035 049 ****61.25			
INC.	EIA WEST NEIGHBORHOC	DD ASSOCIATION,						
Principal Plac 4117 SAN M TAMPA, FL 3	GUEL STREET	Mailing Address 2403 S HALE AVE TAMPA, FL 33629			·			
	ace of Business - No P.O. Box#	3. Mailing Address						
HERM	JANDEZ, JUAN				1 1001(101 411 55)(10		IN SAIN EBUS ISIBI IEMS SAIS	,5,110, 5, 146.
Suite, Apt. 4004	W. ANGELES ST	Suite, Apt. #, etc.			04032008 C	hg-NP	CR2E037 (12/06)	l
City & State		City & State			4. FEI Number NOT APPL	ICABLE		Applied For Not Applicable
336a	Country	Zip	Country		5. Certificate of S	tatus Desired	S8.75 A	dditional red
	6. Name and Address of Current R	legistered Agent			7. Name and Add	iress of New I	Registered Agent	
MILLEN, F	RANK			Juane Jua		JAN-DE		
4007 SAN MIGUEL ST TAMPA, FL 33629			St	Street Address (P.O. Box Number is Not Acceptable) 400 + W. ANGELES ST.				
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4 1				TAn		4 - 5 - 4 - 4 - 1	FL ZBB	629
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered of	mice or register	ed agent, or both, in	i the State of Fi	orida. Tam tamarar wit	n, and accept
3 and 168								
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Ages	ent signature required	when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Fin Trust Fund Contribution								
	_			ncing	\$5.00 May Be Added to Fees		lake check payable rida Department of	
10.	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Co	ontribution.		Added to Fees	Flo	RS AND DIRECTORS	State N 10
TITLE	Due by May 1, 2008 OFFICERS AND DIRI	Trust Fund Co	11.		Added to Fees	ES TO OFFICE	RS AND DIRECTORS	State N 10
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of the corporation or the receiver or trustee empowered to execute and mat my signature shall have the same legal energies as it made under oan; that i am an ollicer 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: