2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009869

FILED Mar 21, 2009 Secretary of State

Entity Name: PALMA CEIA WEST NEIGHBORHOOD ASSOCIATION, INC.

HERNAND 4004 W. AN TAMPA, FL	EZ, JUAN				New Principal Place of Business:			
,	NGËLES ST . 33629							
Current Mailing Address:			New Mailii	New Mailing Address:				
2403 S HAL TAMPA, FL								
FEI Number:		FEI Number Applied For ()	FEI Number Not Appli	icable (X)	Certificate of Statu	us Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of N	lew Registered /	Agent:		
HERNAND 4004 W. AN TAMPA, FL		IR JS						
The above in the State		submits this statement for the pu	rpose of changing it	s registered of	ffice or registered	l agent, or both,		
SIGNATUR								
	Electro	onic Signature of Registered Agen	t		Date			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P (HERNANDEZ 4004 W. ANG TAMPA, FL 3	ELES ST	Title: Name: Address: City-St-Zip:	()	Change () Addition	1		
Title: Name: Address: City-St-Zip:	GAY, KAREN	SAN NICHOLAS STREET	Title: Name: Address: City-St-Zip:	()	Change () Addition	ı		
Title: Name: Address: City-St-Zip:	T (VAN NAME, D 2403 HALE A TAMPA, FL 3	VENUE	Title: Name: Address: City-St-Zip:	()	Change () Addition	ı		
Title: Name: Address: City-St-Zip:	V (MCNABB, MIO 2404 CLARK TAMPA, FL 3	AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition			
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () PIZZO, STACY 2403 S. HALE A TAMPA, FL 336		1		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () SMART, KARL 4103 W. NEPTU TAMPA, FL 336		n		

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: JUAN HERNANDEZ JR. PRES 03/21/2009