## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N35763** 

1. Corporation Name

PALMA CEIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Busil
% FAREED OSSI
1810 S. MACDILL AVE.
TAMPA FL 33629-5901

Mailing Address % FAREED OSSI

1810 S. MACDILL AVE. TAMPA FL 33629-5901



03-03-1999 90045 001 \*\*\*\*61.25



Suite, Apt. #, etc.    Suite, Apt. #, etc.					
Sulle, Apt. #, etc. 21 22 25 25 25 25 25 25 26 25 27 26 25 27 26 27 27 28 28 29 29 30 20 20 20 20 20 20 20 20 20 20 20 20 20	2. Principal Place of Business	├ <b>-</b> \			
City & State	21				
City & State 3	Suite, Apt. #, etc.	<b> </b>			
22 Country	22			_ 00,2002200	
3. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Size Address (P.O. Box Number is Not Acceptable)  13. Dr. Name and Address of New Registered Agent  14. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. The above named corporation submits this statement for the purpose of charging its registered agent and office or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the approach of the purpose of charging its registered agent and the registered agent and the registered agent and the registered Agent agents with a board of directors. I hereby accept the appointment as registered agent and office or registered agent and the registered Agent agents agents and directors. I hereby accept the appropriation agent agents agents and directors. I hereby accept the appointment as registered agent agents and directors. I hereby accept the appointment as registered agent agents and directors. I hereby accept the appointment as registered agent agents and address. I have by accept the appointment as registered agent agents and the registered Agent agents agents and directors. I hereby accept the appointment as registered agent agents agent	City & State			5. Certifcate of Status Desired	•
9. Name and Address of Current Registered Agent  OSSI, FAREED  110. Name and Address of New Registered Agent  111. Name and Address of New Registered Agent  OSSI, FAREED  11310 S. MACDILL AVE.  TAMPA FL 33629  114. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of both in the State of Florida. Statutes. In the corporation required was refined was refined when refined was refined was refined when refined was ref	Zip Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
OSSI, FAREED 1810 S. MACDILL AVE. TAMPA FL 33629  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for	24 25	29 30		Trust Fund Contribution	Added to Fees
OSSI, FAREED 1810 S. MACDILL AVE. TAMPA FL 33629    B2   Street Address (P.O. Box Number is Not Acceptable)	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
1810 S. MACDILL AVE. TAMPA FL 33629  181 S. MACDILL AVE. TAMPA FL 33629  181 City FL 85 Zip Code  181 City FL 85 Zip Code			81 Name		
1810 S. MACDILL AVE. TAMPA FL 33629  181 S. MACDILL AVE. TAMPA FL 33629  181 City FL 85 Zip Code  181 City FL 85 Zip Code	OSSI, FAREED		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<u> </u>
TAMPA FL 33629    83	•		Oli		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617.0503, Plorida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  DP  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIME  OSSI, FARSED  11. TIME  OSSI, FARSED  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TAMPA FL 33 & 2 9  DELETE  11. TIME  OSSI, FARSED  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TAMPA FL 33 & 2 9  TIME  OBBINS JEROME G.  1903 & MACDILL AVE. UNIT B  OBBINS JEROME G.  1903 & MACDILL AVE. UNIT B  TAMPA FL 33 & 2 9  TA			83		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and tief if isophication.  ISIGNATURE  Signature, hyped or private name of registered agent and tief if isophication.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIME DP  OSSI, FARKED  ISTREET ADDRESS  1810 S. MACDILL AVE.  ONLY T. A  TAMPA FL 33629  DELETE  1.1 TIME  DRORDON, FRANKE  1.2 NAME  2.2 NAME  2.3 SIRRET ADDRESS  3.3 SIRRET ADDRESS  4.4 CITY-ST-ZP  TAMPA FL 33629  Change Addit  OCTY-ST-ZP  TAMPA FL 33629  DELETE  3.3 SIRRET ADDRESS  3.3 SIRRET ADDRESS  3.3 SIRRET ADDRESS  3.3 SIRRET ADDRESS  4.4 CITY-ST-ZP  TIME  D DELETE  5.1 TIME  5.2 NAME  5.3 SIRRET ADDRESS  5.4 CITY-ST-ZP  TIME  NAME  5.3 SIRRET ADDRESS  5.4 CITY-ST-ZP  TIME  D DELETE  5.1 TIME  5.4 NAME  5.5 SIRRET ADDRESS  5.5 ACTY-ST-ZP  TIME  1.5 Change Addit  1.5 Change Addit  1.5 SIRRET ADDRESS  5.5 ACTY-ST-ZP  TIME  1.5 SIRRET ADDRESS  5.5 ACTY-ST-ZP  1.5 Change  1.5	11 1111 / 1 1 2 00020		04 67		QE Zin Code
office or registered agent, or both, in the State of Horida, Succinc 617 05/03, Profide Statutes.  SIGNATURE  Signature Signature Signature, however or registered agent and tile if applicable.  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DP			84 City	F	L   65   Zip Code
Signature, typid or printed name of registered appear and the if applicable.  12. OFFICERS AND DIRECTORS  TITLE  DP	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was autho	rizea by the corporatio	n's board of directors. I hereby accept the app	ointment as registered
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NAME OSSI, FAREED 1810 S. MACQULL AVE. TAMPA FL 33 & 29  CITY-ST-JP  TITLE  D  CITY-ST-JP  TOELETE  CITY-ST-JP  TOELETE  D  CITY-ST-JP  TITLE  D  CITY-ST-JP  TITLE  D  CITY-ST-JP  TITLE  CITY-ST-JP  TITLE  D  CITY-ST-JP  CITY-ST-JP  TITLE  D  CITY-ST-JP  CITY-ST-JP  TITLE  D  CITY-ST-JP  CITY-ST-JP  CITY-ST-JP  CITY-ST-JP  TITLE  D  CITY-ST-JP  C			13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
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Indicated on this annual report or supplied with this iming does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is rupe 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.