

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N35763

1. Entity Name
PALMA CEIA CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
% FAREED OSSI
1810 S. MACDILL AVE.
TAMPA, FL 33629-5901



04132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2992296

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSSI, FAREED
1810 S. MACDILL AVE.
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OSSI, FAREED 1903 S MACDILL AVE UNIT A TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, FINCH 1903 S. MACDILL AVE., UNIT C TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBBINS, JEROME 1903 S. MACDILL AVE UNIT B TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, THOMAS G 1903 S. MACDILL AVE. UNIT D TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/07-80043-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/07

813-254-6774