

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90085 010 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2992296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	DP	<input type="checkbox"/> Delete
NAME	OSSI, FAREED	
STREET ADDRESS	1903 S MACDILL AVE UNIT A	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORDON, FINCH	
STREET ADDRESS	1903 S MACDILL AVE UNIT C	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBBINS, JEROME	
STREET ADDRESS	1902-S MACDILL AVE UNIT B	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

FINCH GORDON
1903 S. MACDILL AVE.
TAMPA, FLA. 33629 UNIT C

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

3/12/03

CR2E037 (10/02)