

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

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N40288

1. Entity Name

PANAMANIAN CLUB OF TAMPA BAY, INC.



Principal Place of Business

1706 W. HANNA AVE.
TAMPA, FL 33604

Mailing Address

1706 W. HANNA AVE.
TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE



02232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3043735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEBRON, MICHAEL W ESQ
400 E BUFFALO AVE
SUITE 101
TAMPA, FL 33603

**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	P
NAME	FURLOG, BRENDA
STREET ADDRESS	1706 W HANNA AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	VP
NAME	COLLINS, BERTA
STREET ADDRESS	4826 KELLY RD
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	T
NAME	SADA, NITZA C
STREET ADDRESS	1916 ST. ISABEL STREET
CITY-ST-ZIP	TAMPA, FL 336076522
TITLE	S
NAME	FADUL, CAROLINA
STREET ADDRESS	13430 STAGHORN RD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	LA FUENTE, RUSSELL D
STREET ADDRESS	4809 RIVER SHORE DR
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	D
NAME	SADA, ASTEVIA B
STREET ADDRESS	1005 E 31ST AVENUE
CITY-ST-ZIP	TAMPA, FL 33603

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80009-022 61.25

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

4 - 4 - 07

Date

Daytime Phone #