

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005382 (5)

1. Corporation Name

PALMA CEIA VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% PETER J. WINDERS  
3109 BAY TO BAY BLVD.  
TAMPA FL 33629

% PETER J. WINDERS  
3109 BAY TO BAY BLVD.  
TAMPA FL 33629

3. Date Incorporated or Qualified

11/09/1995

4. FEI Number

59-3346399

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINDERS, PETER J  
3109 BAY TO BAY BLVD.  
TAMPA FL 33629

81 Name

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

83 600002674986-5

84 City

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. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	AZORIN, MARUCHI	3001 S. MACDILL AVE.	TAMPA FL 33629	<input checked="" type="checkbox"/>
D	HAMPTON, JENNIE	2832 S. MACDILL AVE.	TAMPA FL 33629	<input checked="" type="checkbox"/>
D	MELOY, MICHAEL	3119 BAY TO BAY BLVD.	TAMPA FL 33629	<input checked="" type="checkbox"/>
D	BLACK, JUDY	3001 S. MACDILL AVE.	TAMPA FL 33629	<input checked="" type="checkbox"/>
D	PROSSER, FIONA	3106 BAY TO BAY BLVD.	TAMPA FL 33629	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	Ashley Moseley	3115 Bay to Bay Blvd	Tampa FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	President & D	Charlene Cooper	3210 W. Bay to Bay Blvd	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Michael Murphy	2722 S. Macdill Ave	Tampa FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	Treasurer & D	Kelly Slotson	3225 S. Macdill Ave #314	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	Secretary	Kelly Slotson	3225 S. Macdill Ave	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kelly Slotson

Date

Daytime Phone #

9/28

(813) 886-6580

CR2E037 (5/98)

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APPROVED  
AND  
FILED

98 OCT 22 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

