

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000001754

1. Entity Name  
PALMA CEIA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business  
3324 BARCELONA ST  
TAMPA, FL 33629

Mailing Address  
PO BOX 18756  
TAMPA, FL 33629



04252006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3296191

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JENNIS, DAVID S  
400 N. ASHLEY ST  
TAMPA, FL 33602

**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 relating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

00000540709  
05/10/06-80028-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
MONTE, DENISE  
2306 SOUTH CARDENAS AVENUE  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
MERRILL, GAYLE  
2900 WEST SAN NICHOLAS STREET  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
KOTZER-JENNIS, LORI  
3324 BARCELONA ST  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
BARIS, BRENT  
3405 W BARCELONA ST  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:

*Lori K. Jennis*

Lori K. Jennis President

4/25/06

813-831-8389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #