2006 NOT-FOR-PROFIT CORPORATION

FILED 2006 08:00 AM

ANNUAL REPORT				Secretary of State			
DOCU	MENT # N970000017	54			Secreta	ry of State	
1. Entity Name PALMA CEIA NEIGHBORHOOD ASSOCIATION, INC.							
PACIVIA	cia neigrborrood agsc	IOIATION, INC.					
Principal Place of Business Mailing Address 3324 BARCELONA ST PO BOX 18756 TAMPA, FL 33629 TAMPA, FL 33629				1			
THINTH, IL	33023	TAMPA, FL 33629		1 19911191 701		11 TEIL BENEL WEN INCE CINC BIRNIE & CET	
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_				04252006	No Chg-NP	CR2E037 (11/05)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		Applied For	
	The state of the s			59-329		Not Applicable \$8.75 Additional	
		Company of the Compan	ing Charles	5. Certificate	of Status Desired	Fee Required	
}	5. Name and Address of Current Rep	istered Agent	-				
JENNIS, E			DO NOT WRITE				
400 N. ASHLEY ST TAMPA, FL 33602							
1		-	, , ,	IN	THIS SF	ACE	
}							
	named entity submits this statement for the	e purpose of changing its registe	red office or registe	red agent, or bo	ith, in the State of Flo	orida I am tamiliar with, and accep	
}	inglis of regustated agains.						
SIGNATURE.	Signature, typed or printed name of registered agent and	itle if ecolicable. (NOTE: Register	reficipes enulangie Inaga be	d when reinstaling)		OATE	
	Filing Fee Is \$61.25	9. Election Campaign Fina	ancina \$5	.00 May Be	UDUDDO	3540709	
Ì	Due by May 1, 2006	Trust Fund Contribution		led to Feas	05/10/06-	-80028-022 61.25	
10.	OFFICERS AND DIF	RECTORS					
HITLE NAME	SD MONTE DENICE		ł		•		
STREET ADDRESS	MONTE, DENISE 2306 SOUTH CARDENAS AVENUE	· <u>•</u>	1				
Cily-Si-ZiP	TAMPA, FL 33629		.		***		
TITLE NAME	TO MERRIL CAVIE		1.		•		
SIRELI ADDRESS	MERRILL, GAYLE 2900 WEST SAN NICHOLAS STRE	ET					
CITY-ST-ZIP	TAMPA, FL 33629		1				
TILE	PD KOTTED ISABINA LOSI		1				
NAME STREET ADORESS	KOTZER-JENNIS, LORI 3324 BARCELONA ST		1	~~	AIAT 14	S Prof. 2 major grav	
City-S7-ZiP	TAMPA, FL 33629		<u> </u>	DO	NOT W	/KIIE	
TIRE VPD				IN THIS SPACE			
STREET ADDRESS	2.0.00						
CITY ST-ZIP	TAMPA, FL 33629		** ** *****				
TITLE			1				
STREET ADDRESS	}		1	÷			
CITY-ST-ZIP			1				
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12. I hereby certify that the information supplied with this filling 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:

White Provides the information contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of trustees and the 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:

ON 813-831-8389

STREET ADDRESS CITY-ST-ZIP