

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01344

FILED
Apr 30, 2008
Secretary of State

Entity Name: PASCO MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13100 FT. KING ROAD
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

13100 FT. KING ROAD
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 59-2433237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND BLVD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLM, STAN
Address: 13100 FT. KING ROAD
City-St-Zip: DADE CITY, FL 33525

Title: STD () Delete
Name: CHIANG, BEN
Address: 13100 FORT KING RD
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: FERLITA, JOHN
Address: 13100 FT. KING ROAD
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: SAK, TEW A
Address: 6719 GALL BLVD #107
City-St-Zip: ZEPHRYHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN HOLM

PD

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date