

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01344

FILED  
Feb 09, 2012  
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  
Name: MINDEN, PHIL  
Address: 13100 FT. KING ROAD  
City-St-Zip: DADE CITY, FL 33525

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE FOWLER

D

02/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date