

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01344

Entity Name: PASCO MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13100 FT. KING ROAD
DADE CITY, FL 33525

Current Mailing Address:

13100 FT. KING ROAD
DADE CITY, FL 33525

FEI Number: 59-2433237

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title PD
Name STOCKTON, LINDA
Address 13100 FT. KING ROAD
City-State-Zip: DADE CITY FL 33525

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

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

Title D
Name SAK, TEW A
Address 6719 GALL BLVD #107
City-State-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: LINDA STOCKTON

PD

09/15/2017

Electronic Signature of Signing Officer/Director Detail

Date