

**2015 FLORIDA NOT FOR PROFIT CORPORATION 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 MCKINNON, SHAUNA  
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: SHAUNA MCKINNON**

**PD**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date