


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90056 035 ****61.25

DOCUMENT # 734425

1. Entity Name
CENTRAL PASCO BOARD OF REALTORS, INC.



Principal Place of Business
**1022 LAND O'LAKES BLVD
 LUTZ, FL 34549**

Mailing Address
**1022 LAND O'LAKES BLVD
 LUTZ, FL 34549**

2. Principal Place of Business - No P.O. Box #
18540 N DALE MABRY HWY

3. Mailing Address
P.O. BOX 127

Suite, Apt. #, etc.

City & State
LUTZ, FL

City & State
LAND O LAKES, FL

Zip
33548

Country
US

Zip
34639

Country
US



04032008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1850585

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, PAMELA A
 1022 LAND O LAKES BOULEVARD
 LAND O LAKES, FL 33549**

7. Name and Address of New Registered Agent

Name
DAVID RANKIN


Street Address (P.O. Box Number is Not Acceptable)
18540 N DALE MABRY HWY

City
LUTZ

State
FL

Zip Code
33548

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DAVID P. RANKIN** **4/3/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

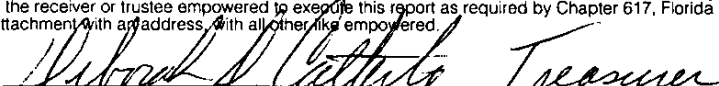
10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PETERMAN, PATSY	
STREET ADDRESS	1022 LAND O LAKES BLVD	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CALEBRO-KUDOR, LINDA	
STREET ADDRESS	1022 LAND O LAKES BLVD	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, PAMELA	
STREET ADDRESS	1022 LAND O LAKES BLVD	
CITY-ST-ZIP	LUTZ, FL 34549	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, MARGIE	
STREET ADDRESS	1022 LAND O LAKES BLVD	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZIMMER, CHRISTIE	
STREET ADDRESS	1022 LAND O LAKES BLVD	
CITY-ST-ZIP	LOL, FL 33639	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIRKS, MARVIN	
STREET ADDRESS	1022 LAND O LAKES BLVD	
CITY-ST-ZIP	LUTZ, FL 33549	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE-MANN, LISA	
STREET ADDRESS	1511 BRUTON RD	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPANEK, JENNIFER	
STREET ADDRESS	3601 PARKWAY BLD	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATTERTON, DEBORAH	
STREET ADDRESS	1435 OBEAR CT	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EASTON, JOSEPHINE	
STREET ADDRESS	409 HAYES ROAD	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, MARGARET	
STREET ADDRESS	3467 EAST LAKE DRIVE	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5569 CAPRICE WAY	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	

12. I hereby certify that the information supplied with this filing 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:  **Deborah H. Catterton** **Treasurer** **4/9/08** **813 993-1071**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #