

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90184 017 \*\*\*\*61.25

**DOCUMENT # 737179**

1. Entity Name

**EAST PASCO ASSOCIATION OF REALTORS, INC.**



Principal Place of Business

5026 7TH ST  
ZEPHYRHILLS FL 33540

Mailing Address

5026 7TH ST  
ZEPHYRHILLS FL 33540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1755416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YAKSETIC, FRANCES B.**  
**5026 7TH STREET**  
**ZEPHYRHILLS FL 33540**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MCLEOD, KATHERINE    |  |
| STREET ADDRESS | 34619 ST. RD. 54 W   |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33542 |  |
| TITLE          | PTB Pres. Elect      | <input type="checkbox"/> Delete            |
| NAME           | DE LARUE, GREG       |  |
| STREET ADDRESS | 37206 CLIAON AVE.    |  |
| CITY-ST-ZIP    | DADE CITY FL 33525   |  |
| TITLE          | President            | <input type="checkbox"/> Delete            |
| NAME           | PRILLIMAN, MICHAEL   |  |
| STREET ADDRESS | 34619 ST RD. 54      |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33541 |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MERER, LINDY         |  |
| STREET ADDRESS | 37206 CLINTON AVE    |  |
| CITY-ST-ZIP    | DADE CITY FL 33525   |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | LATE, CHAD           |  |
| STREET ADDRESS | 2715 GATE BLVD       |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33542 |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | NEWTON, ALLISON      |  |
| STREET ADDRESS | 14150 6TH ST.        |  |
| CITY-ST-ZIP    | DADE CITY FL 33525   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | Director              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | John D'Onofrio        |  |
| STREET ADDRESS | 3951 7th Street       |  |
| CITY-ST-ZIP    | Deale City, FL 33525  |  |
| TITLE          | Director              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Eugene Smith          |  |
| STREET ADDRESS | 17951 7th Street      |  |
| CITY-ST-ZIP    | Deale City, FL 33525  |  |
| TITLE          | Treasurer             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Manny Jones           |  |
| STREET ADDRESS | 35122 12th Ave        |  |
| CITY-ST-ZIP    | Zephyrhills, FL 33539 |  |
| TITLE          | Director              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rachel Nash           |  |
| STREET ADDRESS | 34619 SR 54 W         |  |
| CITY-ST-ZIP    | Zephyrhills, FL 33542 |  |
| TITLE          | Director              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Andy W. Dorough       |  |
| STREET ADDRESS | 34619 SR 54 W         |  |
| CITY-ST-ZIP    | Zephyrhills, FL 33542 |  |
| TITLE          | Director              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Candy Mather          |  |
| STREET ADDRESS | 37206 Clinton Ave     |  |
| CITY-ST-ZIP    | Deale City, FL 33525  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Frances B. Yaksetic*

FRANCES B. YAKSETIC

4-12-06

813-783-3194