

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90016 009 \*\*\*\*61.25

**DOCUMENT # 768824**

1. Entity Name

**THE PASCO COUNTY SECURITY PATROL ASSOCIATION, INC.**



Principal Place of Business

**1842 TAMPA BAY DR.  
WESLEY CHAPEL FL 33543  
US**

Mailing Address

**1842 TAMPA BAY DR.  
WESLEY CHAPEL FL 33543  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-2877014**

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

**COOPER, GERALD  
1842 TAMPA BAY DR.  
WESLEY CHAPEL FL 33543**

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **MOSKOWITZ, ART**  
CITY-STATE-ZIP **28535 TWIN BROOK LN  
WESLEY CHAPEL FL 33543**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **DICHTER, FRED**  
CITY-STATE-ZIP **24851 GUN SMOKE DR  
LAND O LAKES FL 34639**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **COOPER, G.W.**  
CITY-STATE-ZIP **1842 TAMPA BAY DR.  
WESLEY CHAPEL FL 33543**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LANTZ, BARBARA**  
CITY-STATE-ZIP **10925 ROSSITER AVE.  
HUDSON FL 34667**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BORLAND, DONALD R**  
CITY-STATE-ZIP **4541 BURNLEY ST  
NEW PORT RICHEY FL 34652**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **CRAIGE, CAMERON**  
CITY-STATE-ZIP **3712 GOLDEN EAGLE DR  
LAND O LAKES FL 34639**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **G.W. LICHEY**  
CITY-STATE-ZIP **5011 WINDING BROOK TRAIL  
WESLEY CHAPEL FL 33543**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **MICHAEL POLASKI**  
CITY-STATE-ZIP **9903 LAKE CHAISE TR.  
PORT RICHEY FL 34668**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **DAVID WILDEY**  
CITY-STATE-ZIP **2043 TUMBLEWOOD DR.  
HOLIDAY FL 34639**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:** *Frederick Dichter* **Frederick Dichter**

**3/17/07**

**813 907-2062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #