

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90022 012 \*\*\*\*61.25

**DOCUMENT # N01344**

1. Entity Name  
**PASCO MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**13100 FT. KING ROAD  
DADE CITY, FL 33525**

Mailing Address  
**13100 FT. KING ROAD  
DADE CITY, FL 33525**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2433237**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND BLVD  
PLANTATION, FL 33324**

## 7. Name and Address of New Registered Agent

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

**Filing 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 PD ☐ Delete  
NAME ARNO, MICHAEL  
STREET ADDRESS 13100 FT. KING ROAD  
CITY-ST-ZIP DADE CITY, FL 33525

TITLE STD ☒ Delete  
NAME SAK, TEW A  
STREET ADDRESS 6719 GALL BLVD. #107  
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE D ☐ Delete  
NAME FERLITA, JOHN  
STREET ADDRESS 13100 FT. KING ROAD  
CITY-ST-ZIP DADE CITY, FL 33525

TITLE D ☐ Delete  
NAME SAK, TEW A  
STREET ADDRESS 6719 GALL BLVD #107  
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE STD ☐ Change ☒ Addition  
NAME Chiang, Ben  
STREET ADDRESS 13100 Fort King Road  
CITY-ST-ZIP Dade City, FL 33525

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

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

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

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

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: Michael J. Arno  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06  
Date

352-521-1150  
Daytime Phone #