


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N09190 1. Entity Name PASCO CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 8520 GOV'T DR STE 2 NEW PORT RICHEY, FL 34654	Mailing Address 8520 GOV'T DR STE 2 NEW PORT RICHEY, FL 34654
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01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1399965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDERSON, DAVID 8520 GOV'T DR., STE 2 NEW PORT RICHEY, FL 34654	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, DAVID 8520 GOV'T DR., STE 2 NEW PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOBLITT, BONNIE 8520 GOV'T DR STE 6 NEW PORT RICHEY, FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORELAND, JAY W 8520 GOV'T DR STE 5 NEW PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Jay W Moreland</i> JAY W MORELAND 1/26/05 727 847 2083	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>