2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N09190

Entity Name: PASCO CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8520 GOV'T DR STE 2
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

8520 GOV'T DR STE 5
NEW PORT RICHEY, FL 34654

Current Mailing Address:

8520 GOV'T DR STE 2
NEW PORT RICHEY, FL 34654

New Mailing Address:

8520 GOV'T DR STE 5
NEW PORT RICHEY, FL 34654

FEI Number: 52-1399965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, DAVID
8520 GOV'T DR., STE 2
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, DAVID
Address: 8520 GOV'T DR., STE 2
City-St-Zip: NEW PORT RICHEY, FL

Title: DVP ( ) Delete
Name: BOBLITT, BONNIE
Address: 8520 GOV'T DR STE 6
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TD ( ) Delete
Name: MORELAND, JAY W
Address: 8520 GOV'T DR STE 5
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY W. MORELAND T/D 05/20/2009
Electronic Signature of Signing Officer or Director — Date