

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13472

FILED  
Feb 17, 2006  
Secretary of State

Entity Name: PASCO EXECUTIVE CENTER ASSOCIATION, INC.

## Current Principal Place of Business:

8431 CORPORATE WAY  
SUITE 200  
NEW PORT RICHEY, FL 34653

## New Principal Place of Business:

2708 ALT 19  
SUITE 600-3  
PALM HARBOR, FL 34683

## Current Mailing Address:

8431 CORPORATE WAY  
SUITE 200  
NEW PORT RICHEY, FL 34653

## New Mailing Address:

2708 ALT 19  
SUITE 600-3  
PALM HARBOR, FL 34683

FEI Number: 59-2956054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, MITCHELL A  
8431 CORPORATE WAY  
SUITE 200  
NEW PORT RICHEY, FL 34653 US

## Name and Address of New Registered Agent:

SCOTT, MITCHELL A  
2708 ALT 19  
SUITE 600-3  
PALM HARBOR, FL 34683 US

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:

02/17/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: SCOTT, MITCHELL A  
Address: 8431 CORPORATE WAY  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: SCOTT, DURENE  
Address: 8431 CORPORATE WAY  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: SCHINDLER, LISA  
Address: 8431 CORPORATE WAY  
City-St-Zip: NEW PORT RICHEY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: SCOTT, MITCHELL A  
Address: 2708 ALT 19, SUITE 600-3  
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Change ( ) Addition  
Name: SCOTT, DURENE  
Address: 2708 ALT 19, SUITE 600-3  
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Change ( ) Addition  
Name: SCHINDLER, LISA  
Address: 2708 ALT 19, SUITE 600-3  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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: MITCHELL SCOTT

PTSD

02/17/2006

Electronic Signature of Signing Officer or Director

Date