

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90050 003 ****61.25

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01052006 Chg-NP CR2E037 (11/05)

DOCUMENT # N14306 1. Entity Name ONE PASCO CENTER OWNERS ASSOCIATION, INC.					
Principal Place of Business 14651 21 ST. DADE CITY, FL 33523 US			Mailing Address PO BOX 278 DADE CITY, FL 33526-0278 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2887682	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRICKLAND, ROBERT W. 10175 SOUTH PLYMOUTH TERRACE HOMOSASSA, FL 34448			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, THOMAS E.	NAME			
STREET ADDRESS	13924 7TH ST	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUMNER, ROBERT D.	NAME			
STREET ADDRESS	14150 6TH ST	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTS, KEVIN T.	NAME			
STREET ADDRESS	13924 7TH ST	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCLAIN, JOE A.	NAME			
STREET ADDRESS	37908 CHURCH AVE	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, BILLY E.	NAME			
STREET ADDRESS	14651 21 ST	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHRADER, THOMAS A	NAME			
STREET ADDRESS	12744 CURLEY STREET	STREET ADDRESS			
CITY-ST-ZIP	SAN ANTONIO, FL	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: <u>Billy E. Brown</u> Billy E. Brown <u>1/17/06</u> <u>(352) 567-5133</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					