

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90140 041 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2887682

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRICKLAND, ROBERT W.
10175 SOUTH PLYMOUTH TERRACE
HOMOSASSA, FL 34448**

Name
BILLY E. BROWN

Street Address (P.O. Box Number is Not Acceptable)

14651 21ST STREET

City **DADE CITY, FL**

FL Zip Code **33525**

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 **BILLY E. BROWN**

04/29/08

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SMITH, THOMAS E.**
STREET ADDRESS **13924 7TH ST**
CITY-ST-ZIP **DADE CITY, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **SCHRADER, TERRANCE E.**
STREET ADDRESS **31414 PASCO ROAD**
CITY-ST-ZIP **SAN ANTONIO, FL 33576-0205** ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **SUMNER, ROBERT D.**
STREET ADDRESS **14150 6TH ST**
CITY-ST-ZIP **DADE CITY, FL**

TITLE **TD** ☐ Delete
NAME **ROBERTS, KEVIN T.**
STREET ADDRESS **13924 7TH ST**
CITY-ST-ZIP **DADE CITY, FL**

TITLE **D** ☐ Delete
NAME **MCCLAIN, JOE A.**
STREET ADDRESS **37908 CHURCH AVE**
CITY-ST-ZIP **DADE CITY, FL**

TITLE **D** ☐ Delete
NAME **BROWN, BILLY E.**
STREET ADDRESS **14651 21 ST**
CITY-ST-ZIP **DADE CITY, FL**

TITLE **D** ☐ Delete
NAME **SCHRADER, THOMAS A**
STREET ADDRESS **12744 CURLEY STREET**
CITY-ST-ZIP **SAN ANTONIO, FL**

TITLE **D** ☐ Delete
NAME **BROWN, BILLY E.**
STREET ADDRESS **14651 21 ST**
CITY-ST-ZIP **DADE CITY, FL**

TITLE **D** ☐ Delete
NAME **SCHRADER, THOMAS A**
STREET ADDRESS **12744 CURLEY STREET**
CITY-ST-ZIP **SAN ANTONIO, FL**

TITLE **D** ☐ Delete
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TITLE **D** ☐ Delete
NAME **SCHRADER, THOMAS A**
STREET ADDRESS **12744 CURLEY STREET**
CITY-ST-ZIP **SAN ANTONIO, FL**

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: *Billy E. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 (352) 567-5133
Date Daytime Phone #