

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14306

FILED
Apr 24, 2009
Secretary of State

Entity Name: ONE PASCO CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14651 21 ST.
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 278
DADE CITY, FL 335260278 US

New Mailing Address:

FEI Number: 59-2887682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, BILLY E
14651 21ST STREET
DADE CITY, FL 33525 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: D () Delete
Name: SMITH, THOMAS E.
Address: 13924 7TH ST
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: SUMNER, ROBERT D.,
Address: 14150 6TH ST
City-St-Zip: DADE CITY, FL

Title: TD () Delete
Name: ROBERTS, KEVIN T.
Address: 13924 7TH ST
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: MCCLAIN, JOE A.
Address: 37908 CHURCH AVE
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: BROWN, BILLY E.
Address: 14651 21 ST
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: SCHRADER, THOMAS A
Address: 12744 CURLEY STREET
City-St-Zip: SAN ANTONIO, 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:

Title: () Change () Addition
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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: BILLY E. BROWN

MGR

04/24/2009

Electronic Signature of Signing Officer or Director

Date