

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90234 022 \*\*\*\*61.25

**DOCUMENT # N16162**  
 1. Entity Name  
**BELLE MEADE HOMEOWNERS' ASSOCIATION OF HILLSBORO**

Principal Place of Business Mailing Address  
**231 LAFAYETTE BLVD** **231 LAFAYETTE BLVD**  
**C/O SUNSTATE ACCT., P.O. BOX 1191** **C/O SUNSTATE ACCT., P.O. BOX 1191**  
**OLDSMAR FL 34677** **OLDSMAR FL 34677**

2. Principal Place of Business 3. Mailing Address  
**FIRST CHOICE ASSOCIATION** **FIRST CHOICE ASSOCIATION**  
 Suite, Apt. # **MANAGEMENT** Suite, Apt. # **MANAGEMENT**  
**3440 EAST LAKE ROAD, SUITE 106** **3440 EAST LAKE ROAD, SUITE 106**  
 City & State **PALM HARBOR, FL 34685** City & State **PALM HARBOR, FL 34685**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WICKY, JERRY**  
**231 LAFAYETTE BLVD**  
**OLDSMAR FL 34677**  
**FIRST CHOICE ASSOCIATION**  
**MANAGEMENT**  
**3440 EAST LAKE ROAD, SUITE 106**  
**PALM HARBOR, FL 34685**

4. FEI Number **59-2709176** Applied For  Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
**JAMES M. NOLAN, Sr.**  
**FIRST CHOICE ASSOCIATION**  
**MANAGEMENT**  
**3440 EAST LAKE ROAD, SUITE 106**  
**PALM HARBOR, FL 34685**  
 City **PALM HARBOR** State **FL** Zip Code **34685**

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.  
 SIGNATURE *James M. Nolan* **7/4/01**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
**FILE NOW: FEE IS \$61.25** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHOFIELD, SUSAN	
STREET ADDRESS	16146 CARDEN DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLEMAN, ESTER	
STREET ADDRESS	6208 IROQUOIS CT.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, RICHARD	
STREET ADDRESS	16135 CARDEN DR	
CITY-ST-ZIP	ODESSA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TEGENKAMP, RONALD	
STREET ADDRESS	6221 IROQUOIS CT.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Myers	
STREET ADDRESS	16108 Belle Meade Blvd	
CITY-ST-ZIP	ODESSA, FL	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Beard	
STREET ADDRESS	6207 Iroquois	
CITY-ST-ZIP	ODESSA, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James M. Nolan* **James M. Nolan**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

5/29