

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90098 047 ****61.25

DOCUMENT # N95000001288

1. Entity Name

QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.

80111702



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% MICHELLE RUDKIN
 2595 TAMPA RD., SUITE H
 PALM HARBOR FL 34684
 US

% MICHELLE RUDKIN
 2595 TAMPA RD., SUITE H
 PALM HARBOR FL 34684
 US

2. Principal Place of Business

3. Mailing Address

410 First Choice Assn Mgmt

410 First Choice Assn Mgmt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3440 EAST LAKE RD Suite 106

3440 EAST LAKE RD Suite 106

City & State

City & State

Palm Harbor, FL

Palm Harbor, FL

Zip

Country

Zip

Country

34685

Pinellas

34685

Pinellas

4. FEI Number

59-3345362

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

RANDOLPH, L CAM, LESLIE J
 2595 TAMPA RD., SUITE H
 PALM HARBOR FL 34684

Name: FIRST CHOICE ASSN MGMT INC

Street Address (P.O. Box Number is Not Acceptable): 3440 EAST LAKE RD Suite 106

City: PALM HARBOR, FL Zip Code: 34684

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. Kolan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/11/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME MAGENNIS, RONALD Delete
 STREET ADDRESS 1151 ROYAL BLVD
 CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VPD
 NAME ERNEST PASQUALE Change Addition
 STREET ADDRESS 1127 ROYAL BLVD P.H, FL 34684
 CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE VPD
 NAME CALGI, ANN Delete
 STREET ADDRESS 1184 ROYAL BLVD
 CITY-ST-ZIP PALM HARBOR FL 34684

TITLE
 NAME CECILIA LARSON TREAS Change Addition
 STREET ADDRESS 1159 ROYAL BLVD
 CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE VP Pres
 NAME MINTER, TOM Delete
 STREET ADDRESS 1190 ROYAL BLVD
 CITY-ST-ZIP PALM HARBOR FL 34684

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE DS
 NAME CONVERSE, BETTY Delete
 STREET ADDRESS 1077 ROYAL BLVD
 CITY-ST-ZIP PALM HARBOR FL 34684

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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: *Thomas Minter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 7892777
 Date Daytime Phone #

CR2E037 (9/01)