
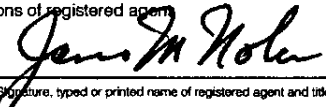
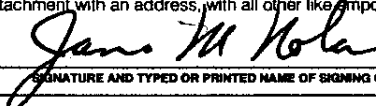


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90016 046 ****61.25

DOCUMENT # N95000001288			
1. Entity Name QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % FIRST CHOICE ASSN MGRM 3440 EAST LAKE RD STE 106 PALM HARBOR, FL 34685 US		Mailing Address % FIRST CHOICE ASSN MGRM 3440 EAST LAKE RD STE 106 PALM HARBOR, FL 34685 US	
2. Principal Place of Business 4174 Woodlands Parkway		3. Mailing Address 4174 Woodlands Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34685		Country U.S.A.	
4. FEI Number 59-3345362		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		7. Name and Address of New Registered Agent	
FIRST CHOICE ASSN MGMT INC 3440 EAST LAKE RD STE 106 PALM HARBOR, FL 34684		Name First Choice Association mgmt, Inc	
		Street Address (P.O. Box Number is Not Acceptable) 4174 Woodlands Parkway	
		City Palm Harbor	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		James M. Nolan	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 2/10/04		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASQUALE, ERNIE	NAME	
STREET ADDRESS	1127 ROYAL BLVD	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMIGLIETTI, MARY	NAME	
STREET ADDRESS	1101 ROYAL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTER, TOM	NAME	
STREET ADDRESS	1190 ROYAL BLVD	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONVERSE, BETTY	NAME	
STREET ADDRESS	1077 ROYAL BLVD	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVI, FRANK	NAME	
STREET ADDRESS	1178 ROYAL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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	
Signature and typed or printed name of signing officer or director		Date	
		2/10/04	
		(722) 785-8887	
		Daytime Phone #	