


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90067 034 ****61.25

DOCUMENT # N95000001288

1. Entity Name
 QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US	Mailing Address 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3345362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIRST CHOICE ASSN MGMT INC
 4174 WOODLANDS PKWY
 PALM HARBOR, FL 34685

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGUALE, ERNIE CECILIA LARSON 4427 ROYAL BLVD 1159 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAMIGLIETTI, MARY BRUCE STAFFORD 4404 ROYAL BLVD. 1195 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WINTER, TOM JOANNE KUPNIEWSKI 4490 ROYAL BLVD 1170 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONVERSE, BETTY 1077 ROYAL BLVD PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARVI, FRANK LEA GREEN 4470 ROYAL BLVD. 1149 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Winter 2/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #