

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90082 040 ****61.25

DOCUMENT # N96000003883
 1. Entity Name
LAKE TARPON VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
28059 US HIGHWAY 19 N **28059 US HIGHWAY 19 N**
SUITE 100 **SUITE 100**
CLEARWATER FL 33761 **CLEARWATER FL 33761**
US **US**

2. Principal Place of Business *First Choice Assoc. Mgmt.*
3440 East Lake Road, #106
 Suite, Apt. #, etc.
 3. Mailing Address *First Choice Assoc. Mgmt.*
3440 East Lake Road, #106
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE.

City & State City & State
Palm Harbor, FL 34685 **Palm Harbor, FL 34685**
 Zip Country Zip Country

4. FEI Number Applied For
59-3398834 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WICKY, JERRY
221 LAFAYETTE BLVD
P.O. BOX 1191
OLDSMAR FL 34677

7. Name and Address of New Registered Agent
 Name *First Choice Assoc. Mgmt.*
JIM M. NOLAN, Sr.
 Street Address (P.O. Box Number is Not Acceptable)
3440 EAST LAKE RD #106
PALM HARBOR, FL 34685
 City FL Zip Code

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KIMPTON, WILLIAM J	Delete
STREET ADDRESS	28059 US HIGHWAY 19 N STE 100	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEMORANVILLE, ROBERT	
STREET ADDRESS	2595 CYPRUS DRIVE APT 103	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWLESS, JIM	
STREET ADDRESS	2571 CYPRUS DR #106	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEWITT, JANE	
STREET ADDRESS	2835 COBBLESTONE DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAEDGEN, SAMANTHA	
STREET ADDRESS	2579 CYPRUS DR #101	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leonard Renguin	
STREET ADDRESS	2595 Cyprus Drive #104	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		<input 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		<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* **SIGNATURE REQUIRED** *4/5/01* Date Daytime Phone #

CR2E037 (10/00)