

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

0089036

DOCUMENT # N96000003883

Entity Name

LAKE TARPON VILLAS CONDOMINIUM ASSOCIATION, INC.

05-01-2002 91613 011 ****61.25

Principal Place of Business

Mailing Address

FIRST CHOICE ASSOC. MGMT
 3440 E LAKE RD # 106
 PALM HARBOR FL 34685
 US

FIRST CHOICE ASSOC. MGMT
 3440 E LAKE RD # 106
 PALM HARBOR FL 34685
 US



2. Principal Place of Business

3. Mailing Address

JIM NOBLES MANAGEMENT
 Suite, Apt. #, etc.
251 WINDWARD PASS, SUITE F

JIM NOBLES MANAGEMENT
 Suite, Apt. #, etc.
251 WINDWARD PASS, SUITE F

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER, FL.

City & State
CLEARWATER, FL.

4. FEI Number
59-3398834

Applied For
 Not Applicable

Zip
33767

Country
USA

Zip
33767

Country
USA

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

NOLAN, JIM M
 FIRST CHOICE ASSOC.-MGMT
 3440 E LAKE RD # 106
 PALM HARBOR FL 34685

Name
SHERON NICHOLS
 Street Address (P.O. Box Number is Not Acceptable)
JIM NOBLES MANAGEMENT
251 WINDWARD PASSAGE, SUITE F
 City
CLEARWATER FL Zip Code
33767

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEMORANVILLE, ROBERT 2595 CYPRUS DRIVE APT 103 PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWLESS, JIM 2571 CYPRUS DR #106 PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEWITT, JANE 2835 COBBLESTONE DR PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAEDGEN, SAMANTHA 2579 CYPRUS DR #101 PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIENQUIN, LEONARD 2595 CYPRESS DRIVE # 104 PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT DEMORANVILLE 2593 CYPRUS DR #103 PALM HARBOR, FL. 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD PAUL DUDELA 2595 CYPRUS DR 4204 PALM HARBOR, FL. 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORRAINE HEWITT 2579 CYPRUS DR. 3101 PALM HARBOR, FL. 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIA AQUAYO 1591 MC AULIFFE BLVD PALM HARBOR, FL. 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD DOROCIAK 2595 CYPRESS DR PALM HARBOR, FL. 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/16/02** Daytime Phone #

CR2E037 (9/01)