


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P98000077415 1. Entity Name FIRST CHOICE ASSOCIATION MANAGEMENT, INC.	
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Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	Mailing Address 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
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02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

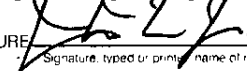
4. FEI Number 59-3539719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOLAN, JAMES M JR
 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:  DATE: **3/14/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, BRIDGET L 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOLAN, JAMES M JR 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIMONDI, THERESA 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRARA, PATRICIA 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NOLAN, MARGARET M 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/03/08-80022-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:  MARGARET H. NOLAN DATE: **3/14/08** DAYTIME PHONE #: **727 785-8887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR