I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET M. NOLAN

Electronic Signature of Signing Officer/Director Detail

## **Officer/Director Detail :**

Title	D	Title	D	
Name	BLACK, BRIDGET L	Name	RAIMONDI, THERESA	
Address	4174 WOODLANDS PKWY	Address	4174 WOODLANDS PKWY	
City-State-Zip:	PALM HARBOR FL 34685	City-State-Zip:	PALM HARBOR FL 34685	
Title	D	Title	DP	
Title Name	D HERRERA, PATRICIA	Title Name	DP NOLAN, MARGARET M	
Name	HERRERA, PATRICIA	Name	NOLAN, MARGARET M	

# SIGNATURE: MARGARET M. NOLAN

4174 WOODLANDS PKWY PALM HARBOR. FL 34685

#### FEI Number: 59-3539719

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

NOLAN, MARGARET M 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US

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.

### Entity Name: FIRST CHOICE ASSOCIATION MANAGEMENT, INC. **Current Principal Place of Business:**

4174 WOODLANDS PKWY PALM HARBOR, FL 34685

**Current Mailing Address:** 

#### 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P98000077415

Certificate of Status Desired: No

FILED Apr 12, 2022 Secretary of State 3103182914CC

> 04/12/2022 Date

04/12/2022 Date

PRESIDENT