2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000105705

1. Entity Name
ELITE ASSOCIATION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4190 40TH ST. S. SAINT PETERSBURG, FL 33711	PO BOX 530277 SAINT PETERSBURG, FL 33747

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3751941
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FATA, GREGORY G
3950 39TH CIR. S.
SAINT PETERSBURG, FL 33711

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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
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FATA, GREGORY G
STREET ADDRESS	3950 39TH CIR. S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711
TITLE	V
NAME	MCBRIDE, THOMAS J
STREET ADDRESS	4190 40TH ST. S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711
TITLE	TD
NAME	MCBRIDE, JUDY
STREET ADDRESS	109 THE CORSO
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	FATA, MIKEAL P
STREET ADDRESS	1705 LUCAS
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705
TITLE	D
NAME	ANDREWS, LANCE
STREET ADDRESS	2828 66TH TERRACE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000138136
04/29/04-80068-015 150.00

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