


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90032 019 ***150.00

DOCUMENT # P01000105705	
1. Entity Name ELITE ASSOCIATION MANAGEMENT, INC.	

Principal Place of Business 6251 PARK BLVD. SUITE 8 PINELLAS PARK, FL 33781 US	Mailing Address 6251 PARK BLVD. SUITE 8 PINELLAS PARK, FL 33781 US
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2. Principal Place of Business - No P.O. Box # 1125 W Monroe Circle N.	3. Mailing Address 1125 W Monroe Circle N.
Suite, Apt. #, etc. Circle N.	Suite, Apt. #, etc. Circle N.

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33703	Zip 33703
Country USA	Country USA

01072008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3751941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FATA, GREGORY G 6251 PARK BLVD. SUITE #8 PINELLAS PARK, FL 33781	
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7. Name and Address of New Registered Agent Gerrie Ray 1125 W Monroe Circle N. St. Petersburg, FL 33703	
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: Gerrie Ray 1-17-08	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FATA, GREGORY G		NAME 1125 W Monroe Circle N	
STREET ADDRESS 3968 SHORE ACRES BLVD NE		STREET ADDRESS St. Petersburg, FL 33703	
CITY-ST-ZIP SAINT PETERSBURG, FL 33703		CITY-ST-ZIP St. Petersburg, FL 33703	
TITLE V	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MCBRIDE, THOMAS J		NAME 1125 W Monroe Circle N	
STREET ADDRESS 5212 WHITE SAND CIRCLE		STREET ADDRESS St. Petersburg, FL 33703	
CITY-ST-ZIP SAINT PETERSBURG, FL 33703		CITY-ST-ZIP St. Petersburg, FL 33703	
TITLE TD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MCBRIDE, JUDY		NAME	
STREET ADDRESS 109 THE CORSO		STREET ADDRESS	
CITY-ST-ZIP VENICE, FL 34285		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FATA, MIKEAL P		NAME	
STREET ADDRESS 1705 LOCUST		STREET ADDRESS	
CITY-ST-ZIP SAINT PETERSBURG, FL 33705		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GERALDINE, RAY		NAME 1125 W Monroe Circle N	
STREET ADDRESS 10037 62ND TERRACE N, # 2		STREET ADDRESS St. Petersburg, FL 33703	
CITY-ST-ZIP SAINT PETERSBURG, FL 33708		CITY-ST-ZIP St. Petersburg, FL 33703	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [Signature]	Date: 1/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	