

2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 038 ***150.00

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02252004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000077415					
1. Entity Name FIRST CHOICE ASSOCIATION MANAGEMENT, INC.					
Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685			Mailing Address 4174 WOODLANDS PKWY PALM HARBOR, FL 34685		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3539719	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOLAN, JAMES M 4174 WOODLANDS PKWY PALM HARBOR, FL 34685			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLAN, JAMES M SR.		NAME		
STREET ADDRESS	3483 EAST LAKE ROAD #22		STREET ADDRESS	4174 WOODLANDS PKWY	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACK, BRIDGET L		NAME		
STREET ADDRESS	3440 EAST LAKE RD #106		STREET ADDRESS	4174 WOODLANDS PKWY	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LYNCH, SHARON K		NAME	J. P. JAMES M. NOLAN, JR.	
STREET ADDRESS	3440 EAST LAKE RD #106		STREET ADDRESS	4174 WOODLANDS PKWY	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAIMONDI, THERESA		NAME		
STREET ADDRESS	3440 EAST LAKE RD #106		STREET ADDRESS	4174 WOODLANDS PKWY	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRARA, PATRICIA		NAME		
STREET ADDRESS	3440 EAST LAKE RD #106		STREET ADDRESS	4174 WOODLANDS PKWY	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLAN, MARGARET M		NAME		
STREET ADDRESS	3440 EAST LAKE RD #106		STREET ADDRESS	4174 WOODLANDS PKWY	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 		Date 4-6-04		Daytime Phone # 727 785-8887	
JAMES M. NOLAN					