

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90390 036 ***150.00

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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	
Zip	Country	Zip	Country
04132005		Chg-P	CR2E034 (10/03)
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		7. Name and Address of New Registered Agent	
NOLAN, JAMES M 4174 WOODLANDS PKWY PALM HARBOR, FL 34685		Name JAMES M. NOLAN, JR. Street Address (P.O. Box Number is Not Acceptable) 4174 WOODLANDS PKWY. City PALM HARBOR FL Zip Code 34685	
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		JAMES M. NOLAN, JR. 4-13-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	DP NOLAN, JAMES M SR. <input checked="" type="checkbox"/> Delete 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, BRIDGET L <input type="checkbox"/> Delete 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOLAN, JAMES M JR <input type="checkbox"/> Delete 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES M. NOLAN, JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIMONDI, THERESA <input type="checkbox"/> Delete 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, PATRICIA <input type="checkbox"/> Delete 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NOLAN, MARGARET M <input type="checkbox"/> Delete 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARGARET M. NOLAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4174 WOODLANDS PKWY. 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)(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:		MARGARET M. NOLAN 4/13/05 727 785-8887	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	