

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2005 90390 036 \*\*\*150.00

<b>DOCUMENT # P98000077415</b> 1. Entity Name <b>FIRST CHOICE ASSOCIATION MANAGEMENT, INC.</b>					
Principal Place of Business <b>4174 WOODLANDS PKWY PALM HARBOR, FL 34685</b>			Mailing Address <b>4174 WOODLANDS PKWY PALM HARBOR, FL 34685</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-3539719</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>NOLAN, JAMES M 4174 WOODLANDS PKWY PALM HARBOR, FL 34685</b>				7. Name and Address of New Registered Agent Name <b>JAMES M. NOLAN, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4174 WOODLANDS PKWY.</b> City <b>PALM HARBOR</b> <b>FL</b> Zip Code <b>34685</b>	
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 <b>JAMES M. NOLAN, JR.</b> DATE <b>4-13-05</b> <small>(NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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. 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, BRIDGET L 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOLAN, JAMES M JR 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIMONDI, THERESA 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, PATRICIA 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NOLAN, MARGARET M 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES M. NOLAN, JR. 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARGARET M. NOLAN 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:  MARGARET M. NOLAN</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/13/05</b> Daytime Phone # <b>727 785-8887</b>	