

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723049

FILED
Mar 22, 2011
Secretary of State

Entity Name: CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1301 SEMINOLE BLVD.
SUITE 110
LARGO, FL 33770 US

New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

1301 SEMINOLE BLVD.
SUITE 110
LARGO, FL 33770 US

New Mailing Address:

C/O QUALIFIED PROPERTY MGMT INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1524115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD.
SUITE 110
LARGO, FL 33770 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: MARY WHITE

03/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHULTZ, PHILIP
Address: 2209 BELLEAIR RD #C10
City-St-Zip: CLEARWATER, FL 33764

Title: VP
Name: HALLSTEIN, CAROL
Address: 2207 BELLEAIR RD #B02
City-St-Zip: CLEARWATER, FL 33764

Title: SD
Name: PALMER, COREY
Address: 2205 BELLEAIR RD #A20
City-St-Zip: CLEARWATER, FL 33764

Title: TD
Name: BROWN, ROBERT
Address: 6 LAKEVIEW COURT
City-St-Zip: RIVERHEAD, NY 11901

Title: D
Name: BACON, WILLIAM
Address: 2207 BELLEAIR RD #B-09
City-St-Zip: CLEARWATER, FL 33764

Title: D
Name: HAYDEN, DONALD
Address: 2205 BELLEAIR RD #A-15
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP SCHULTZ

PD

03/22/2011

Electronic Signature of Signing Officer or Director

Date