

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745478

FILED
Feb 23, 2011
Secretary of State

Entity Name: THE TOWNHOMES OF LAKE SEMINOLE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-1875197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JONES, BOB
Address: 9209 SEMINOLE BLVD # 113
City-St-Zip: SEMINOLE, FL 33772

Title: VD
Name: ELLIOTT, DON
Address: 9209 SEMINOLE BLVD # 41
City-St-Zip: SEMINOLE, FL 33772

Title: D
Name: MOGLE, JEAN
Address: 9209 SEMINOLE BLVD # 177
City-St-Zip: SEMINOLE, FL 33772

Title: D
Name: LYELL, TED
Address: 9209 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: VD2
Name: SCHMITTAUER, JOE
Address: 14683 SEMINOLE TRAIL
City-St-Zip: SEMINOLE, FL 33772

Title: STD
Name: SCHMITTAUER, NORA
Address: 14683 SEMINOLE TRAIL
City-St-Zip: SEMINOLE, FL 33772

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: BOB JONES

PD

02/23/2011

Electronic Signature of Signing Officer or Director

_____ Date