

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764420

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** BRAEMOOR VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2443888      **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: SHADDOCK, MARY  
Address: 5901 US 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP  
Name: THOMAS, ELINOR  
Address: 5901 US 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SEC  
Name: BEALL, MARY ANN  
Address: 5901 US 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TREA  
Name: WATT, PATRICIA  
Address: 5901 US 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: FRAZER-CONTE, SHARON  
Address: 5901 US 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: LANGEVIN, NANCY  
Address: 5901 US 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY SHADDOCK

PRES

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date