2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2015
Secretary of State
CC5885034094

DOCUMENT# 714544

Entity Name: PORT BELLEAIR NO. 1, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2418331

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
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 A. WHITE 02/26/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	FALLUCCHI, FRANK	Name	BARRY, ALFRED E
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	TREASURER	Title	SECRETARY
Name	HALIWELL, DOREEN	Name	TOUPONSE, ANGELA
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	DIRECTOR	Title	DIRECTOR
Name	FEDORSYN, RUTH	Name	SOTIRELLIS, ALEX
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-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: FRANK FALLUCCHI PRESIDENT 02/26/2015

Electronic Signature of Signing Officer/Director Detail — Date