

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

03/28/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	FALLUCCHI, FRANK
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	BARRY, ALFRED E
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	HALIWELL, DOREEN
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	TOUPONSE, ANGELA
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	FEDORSYN, RUTH
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	SOTIRELLIS, ALEX
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 SUITE 7Q
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

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date