

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730087

**Entity Name:** WINDING WOOD CONDOMINIUM I ASSOCIATION, INC.**Current Principal Place of Business:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY 19 STE. 7Q  
NEW PORT RICHEY, FL 34652**Current Mailing Address:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY 19 STE. 7Q  
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-1577239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.  
QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY 19 STE. 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

01/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            LINDSEY, SUZANNE  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

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

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

Title            DIR  
Name            BRIDGEMAN, CARLEEN  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY 19 STE. 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:** DON ADAMS

PRESIDENT

01/08/2016

Electronic Signature of Signing Officer/Director Detail

Date