2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733130

Entity Name: KAPOK MANOR CONDOMINIUM ASSOCIATION, INC.

FILED Apr 05, 2013 **Secretary of State** CC7099251490

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: 59-1638712 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 04/05/2013

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT Name BRADLEY, CHARLES Name BEAGLES, JEAN

QUALIFIED PROPERTY Address QUALIFIED PROPERTY Address

MANAGEMENT, INC MANAGEMENT, INC 5901 US HWY 19 STE. 7Q 5901 US HWY 19 STE. 7Q

NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 City-State-Zip: City-State-Zip:

TREASURER Title **SECRETARY** Title MCLEOD, KAREN Name BEAGLES, JEAN Name

Address QUALIFIED PROPERTY QUALIFIED PROPERTY Address

> MANAGEMENT, INC MANAGEMENT, INC 5901 US HWY 19 STE. 7Q 5901 US HWY 19 STE. 7Q

NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name TAYLOR, PAULA Name DAVIS, PHYLLIS

QUALIFIED PROPERTY QUALIFIED PROPERTY Address Address

MANAGEMENT, INC MANAGEMENT, INC

5901 US HWY 19 STE. 7Q 5901 US HWY 19 STE. 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: CHARLES BRADLEY **PRESIDENT** 04/05/2013