

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

DOCUMENT# 736649

**FILED  
Mar 23, 2016  
Secretary of State  
CC4092740936**

**Entity Name:** PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY. 19 STE. 7Q  
NEW PORT RICHEY, FL 33762

**Current Mailing Address:**

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY. 19 STE. 7Q  
NEW PORT RICHEY, FL 33762 US

**FEI Number:** 59-1689312

**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 33762 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

03/23/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHORT, MARILYN  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 33762

Title            VP  
Name            BLOSS, PAUL  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 33762

Title            SECRETARY  
Name            HERNANDEZ, ANN  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 33762

Title            TREASURER  
Name            RYDER, DONNA  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 33762

Title            DIRECTOR  
Name            BURKE, DIANE  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 33762

*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:** MARILYN SHORT

PRESIDENT

03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date