2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736649

Entity Name: PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.

FILED Feb 27, 2019 **Secretary of State** 4367385658CC

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 02/27/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name HERNANDEZ, ANN Name GRECO, KRYSTN

QUALIFIED PROPERTY QUALIFIED PROPERTY Address Address

> MANAGEMENT, INC. MANAGEMENT, INC.

5901 US HWY. 19 STE. 7Q 5901 US HWY. 19 STE. 7Q

NEW PORT RICHEY FL 33762 NEW PORT RICHEY FL 33762 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **TREASURER**

HOF, ANN Name SHORT, MARILYN Name

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

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

NEW PORT RICHEY FL 33762 City-State-Zip: NEW PORT RICHEY FL 33762 City-State-Zip:

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.