

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745478

FILED
Apr 09, 2013
Secretary of State
CC6834432712**Entity Name:** THE TOWNHOMES OF LAKE SEMINOLE PROPERTY OWNERS 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: 59-1875197****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****04/09/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title	DIRECTOR
Name	LEHRNER, MIKE
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: TED LYELL**PRESIDENT****04/09/2013**

