

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748980

Entity Name: VILLA DEL RIO HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**QUALIFIED PROPERTY MANAGEMENT
5901 US HWY 19 SUITE 7Q
NEW PORT RICHEY, FL 34652**Current Mailing Address:**QUALIFIED PROPERTY MANAGEMENT
5901 US HWY 19 SUITE 7Q
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-1971480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT
QUALIFIED PROPERTY MANAGEMENT
5901 US HWY 19 SUITE 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 WHITE

04/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MORENA, JOE
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name CORSELLO, JERRY
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name ALEXANDER, CAROL
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER
Name SCRIBER, GAIL
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name TALOTTA, TONY
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 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: JOE MORENA

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date