## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753914** 

Entity Name: TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM NO. 5,

ASSOCIATION, INC.

FILED
Jan 29, 2019
Secretary of State
7010186848CC

## **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: 59-2069887 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 01/29/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRES Title SECRETARY, TREASURER

Name MAC DONALD, DONALD Name ROSEN, ED

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT, INC.

MANAGEMENT, INC.

FOOALUS HWY, 10 STE 70

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

Title DIRECTOR

Name MANATINE, MICHELE

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: DONALD MACDONALD

**PRESIDENT** 

01/29/2019