

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2013
Secretary of State
CC1103459678

Entity Name: QUAIL FOREST CLUSTER HOMES IMPROVEMENT ASSOCIATION UNIT ONE, 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: 59-2085848

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

04/05/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name BROWN, DONALD J
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY 19 STE. 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

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

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

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

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

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

Title DIRECTOR
Name LANCE, JUDY
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 J. BROWN

PRESIDENT

04/05/2013

