Entity Name: MARKER "5" CONDOMINIUM ASSOCIATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 STE. 7Q NEW PORT RICHEY, FL 34652

# **Current Mailing Address:**

**DOCUMENT# 759183** 

QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 STE. 7Q NEW PORT RICHEY, FL 34652 US

# FEI Number: 59-2105474

### 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			02/13/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	MELENDEZ, AL	Name	LYON-HEINTZ, SUE	
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 STE. 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 STE. 7Q	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	2
Title	TREASURER	Title	SECRETARY	
Name	WISE, THOMAS	Name	WILLIAMS, REVA	
Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 STE. 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 STE. 7Q	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	2
Title	DIRECTOR			
Name	BAUMAN, JANET			
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.

PRESIDENT

# SIGNATURE: AL MELENDEZ

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 13, 2018 Secretary of State CC2960353077

Certificate of Status Desired: No

02/13/2018 Date