

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759183

**FILED  
Mar 13, 2014  
Secretary of State  
CC3351052369**

**Entity Name:** MARKER "5" CONDOMINIUM 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:** 59-2105474

**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

03/13/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title SECRETARY  
Name ORTENGEN, JANEL  
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:** PAT WILLIAMS

PRESIDENT

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date