

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759183

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

**FILED**  
**Feb 28, 2013**  
**Secretary of State**  
**CC5954697796**

**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

02/28/2013

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           SECRETARY/TREASURER  
Name           SHEPPARD, JANE  
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           DIRECTOR  
Name           WISE, THOMAS  
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**

02/28/2013

Electronic Signature of Signing Officer/Director Detail

Date