

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

DOCUMENT# 764420

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC1814733098**

**Entity Name:** BRAEMOOR VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2443888**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WHITE, MARY A  
QUALIFIED PROPERTY MGMT, 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**

**01/16/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SHADDOCK, MARY  
Address QUALIFIED PROPERTY MGMT, INC.  
5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title SEC  
Name BEALL, MARY ANN  
Address QUALIFIED PROPERTY MGMT, INC.  
5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title D  
Name BLATT, PAUL  
Address QUALIFIED PROPERTY MGMT, INC.  
5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

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

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

Title DIRECTOR  
Name FRAZER-CONTE, SHARON  
Address QUALIFIED PROPERTY MGMT, 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: MARY SHADDOCK**

**PRES**

**01/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date