2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01789

Entity Name: SHADOW RUN COMMUNITY ASSOCIATION, INC.

FILED
Jan 30, 2017
Secretary of State
CC3754916048

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: 59-2731348 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 01/30/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name BUCKHOLZ, JULIE Name HITCHCOCK, FRED

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY MANAGEMENT, INC MANAGEMENT, INC

5901 US HWY. 19 STE. 7Q 5901 US HWY. 19 STE. 7Q

City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER Title SECRETARY

Name NEVINS, CAROL Name D'AMICO, KATHLEEN

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT, INC
5901 US HWY. 19 STE. 7Q

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City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Electronic Signature of Signing Officer/Director Detail

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.