#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01789

Entity Name: SHADOW RUN COMMUNITY ASSOCIATION, INC.

FILED
Apr 08, 2015
Secretary of State
CC2628792176

# **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:

NEW PORT RICHEY FL 34652

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 04/08/2015

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title VICE PRESIDENT Name LEONARD, DAN 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 NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 City-State-Zip: City-State-Zip:

 Title
 TREASURER
 Title
 DIRECTOR

 Name
 BROOKS, STEVE
 Name
 MANN, HARRY

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

Title DIRECTOR Title SECRETARY

Name MUMICH, PAT Name THORNTON, LINDA

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

QUALIFIED PROPERTY
MANAGEMENT, INC
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

SIGNATURE: DAN LEONARD PRESIDENT 04/08/2015

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.