

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01849

Entity Name: ISLAND CLUB OF TARPON SPRINGS CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 29, 2023
Secretary of State
0651627691CC**Current Principal Place of Business:**QUALIFIED PROPERTY MANAGEMENT
5901 US HIGHWAY 19 SUITE 7Q
NEW PORT RICHEY, FL 34652**Current Mailing Address:**QUALIFIED PROPERTY MANAGEMENT
5901 US HIGHWAY 19 SUITE 7Q
NEW PORT RICHEY, FL 34652 US**FEI Number: 59-2376850****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY 19 SUITE 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	NASTASIAK, JOHN
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	MAGIDOVA, MARIIA
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	SHORB, ALLISON
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	CRAWFORD, VANESSA
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	LABRIE, CHRISTIE
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 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: JOHN NASTASIAK**PRESIDENT****03/29/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date