Entity Name: AVENDALE OWNERS' ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

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

## **Current Mailing Address:**

DOCUMENT# N0200000906

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

### FEI Number: 04-3619183

### Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC. QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 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: MARY A. WHITE

Electronic Signature of Registered Agent

## Officer/Director Detail :

Officer/Director Detail :				
Title	PRESIDENT	Title	VICE PRESIDENT	
Name	JONES, JUSTIN	Name	YOST, YANINA	
Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	
Title	SECRETARY	Title	TREASURER	
Name	MARTINEZ-DYER, DALILAH	Name	HAMILTON, JASON	
Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	
Title	DIRECTOR			
Name	ISHAK, ANTOIE			
Address	QUALIFIED PROPERTY			

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.

PRESIDENT

#### SIGNATURE: JUSTIN JONES

MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q

City-State-Zip: NEW PORT RICHEY FL 34652

Electronic Signature of Signing Officer/Director Detail

## FILED Jan 21, 2014 Secretary of State CC0676796856

Certificate of Status Desired: No

01/21/2014 Date

01/21/2014 Date