

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000906

**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC8387203191**

**Entity Name:** AVENDALE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 04-3619183**

**Certificate of Status Desired: No**

**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**

**01/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JONES, JUSTIN  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HWY. 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VICE PRESIDENT  
Name            HAMILTON, JASON  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HWY. 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            SECRETARY  
Name            MILLER, JAYNIE  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HWY. 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            TREASURER  
Name            ISHAK, ANTOINE  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HWY. 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            YOST, YANINA  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HWY. 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: JUSTIN JONES**

**PRESIDENT**

**01/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date