

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003147

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC7514360024**

**Entity Name:** ASBEL CREEK ASSOCIATION, INC.

**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:** 75-3174265

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

01/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            MCKENZIE, TY  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

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

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

Title            DIRECTOR  
Name            LERNER, AUDREE  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 19 STE. 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:** DONNA LONERGAN

**PRESIDENT**

01/24/2017

Electronic Signature of Signing Officer/Director Detail

Date