2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003147

Entity Name: ASBEL CREEK ASSOCIATION, INC.

FILED Apr 19, 2016 Secretary of State CC8491723712

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 04/19/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title VP

Name LONERGAN, DONNA Name MCKENZIE, TY

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT, INC.
5901 US HWY. 19 STE. 7Q

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NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

 Title
 TREASURER
 Title
 SECRETARY

 Name
 CRUZ, SHONDA
 Name
 SMITH, JILL

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

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City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR

Name KOWALKOWSKY, TAMI 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 04/19/2016