

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N04000003147

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

08/05/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title SECRETARY/ACR
Name SMITH, JILL
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: RONALD LIGOCKI

PRESIDENT

08/05/2013

Electronic Signature of Signing Officer/Director Detail

Date