

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

DOCUMENT# N04000006965

**Entity Name:** LITTLE CREEK TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 04, 2016**  
**Secretary of State**  
**CC4365087844**

**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:** 51-0517384

**Certificate of Status Desired:** No

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

QUALIFIED PROPERTY MANAGMENT, INC.  
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

02/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            DIRECTOR  
Name            DURYEA, MARV  
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:** MARY FREITAS

**PRESIDENT**

02/04/2016

