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: BARBARA FOWLER

Electronic Signature of Signing Officer/Director Detail

## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N15607

Entity Name: TIMBERLINE CONDOMINIUM 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: 59-2847376

# Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT 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 BURNARD

Electronic Signature of Registered Agent

## Officer/Director Detail :

	Title	VP	Title	SECRETARY, TREASURER
	Name	TOUTANT, TERI	Name	WHEATELY, DENISE
	Address	QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 STE. 7Q	Address	QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 STE. 7Q
	City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
	Title	PRESIDENT		
	Name	FOWLER, BARBARA		
	Address	QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 STE. 7Q		
	City-State-Zip:	NEW PORT RICHEY FL 34652		

PRESIDENT

02/17/2020 Date

FILED Feb 17, 2020 Secretary of State 6034371538CC

Certificate of Status Desired: No

02/17/2020 Date