

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19289

FILED
Jan 28, 2016
Secretary of State
CC3392320518

Entity Name: EDGEWOOD OF GULF TRACE HOMEOWNERS 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: 59-2893802

Certificate of Status Desired: No

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 A. WHITE

01/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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

Title DIRECTOR
Name PEFLEY, ROGER
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: MARIE BUNTING

PRESIDENT

01/28/2016

