

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19289

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC2958367195**

**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**

**01/30/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name GRASHOT, LOUIE  
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: ROBERT MAZE**

**PRESIDENT**

**01/30/2017**

