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: KRISTEN PARZIANO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

QUALIFIED PROPERTY MANAGEMENT

FEI Number: 59-2832432

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q NEW PORT RICHEY, FL 34652 US

SIGNATURE: KRISTEN PARZIANO

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.

| | Electronic Signature of Registered Agent | | | | | | |
|---------------------------|---|-----------------|---|--|--|--|--|
| Officer/Director Detail : | | | | | | | |
| Title | PRESIDENT | Title | VICE PRESIDENT, TREASURER | | | | |
| Name | PARZIANO, KRISTEN | Name | KALOGERAS, NICHOLAS M | | | | |
| Address | QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q | Address | QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q | | | | |
| City-State-Zip: | NEW PORT RICHEY FL 34652 | City-State-Zip: | NEW PORT RICHEY FL 34652 | | | | |
| Title | SECRETARY | Title | DIRECTOR | | | | |
| Name | HARTSELL, MIKE | Name | BURKE, TOM | | | | |
| Address | QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q | Address | QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q | | | | |
| City-State-Zip: | NEW PORT RICHEY FL 34652 | City-State-Zip: | NEW PORT RICHEY FL 34652 | | | | |
| Title | DIRECTOR | | | | | | |
| Name | MONTEFINESE, TOM | | | | | | |
| Address | QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q | | | | | | |
| City-State-Zip: | NEW PORT RICHEY FL 34652 | | | | | | |

Current Mailing Address:

5901 US HIGHWAY 19 SUITE 7Q NEW PORT RICHEY, FL 34652 US

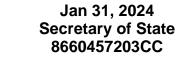
2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21723

Entity Name: COVE CAY VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q NEW PORT RICHEY, FL 34652



FILED

Certificate of Status Desired: No

01/31/2024 Date

01/31/2024