#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N32940

#### Entity Name: WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.

#### **Current Principal Place of Business:**

QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q NEW PORT RICHEY, FL 34652

## **Current Mailing Address:**

QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q NEW PORT RICHEY, FL 34652 US

## FEI Number: 59-2970884

## Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC. QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q NEW PORT RICHEY, FL 34652 US

Certificate of Status Desired: No

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			03/20/2014
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PRES	Title	VP	
Name	BUHR, GERALD	Name	WISCHMAN, LOU	
	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	2
Title	SEC	Title	TREA	
Name	FUSCO, DOUG	Name	DAVILA, VERONICA	
	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	2
Title	DIRECTOR	Title	DIRECTOR	
Name	COCHRAN, TIFFANY	Name	FISCHER, MICHAEL	
	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 7Q	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	2
Title	DIRECTOR			
Name	PINKERTON, GEORGE			
	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY. 19 SUITE 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: GERALD BUHR

03/20/2014

# FILED Mar 20, 2014 Secretary of State CC7803712518

PRESIDENT