

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000131

**FILED  
Feb 26, 2015  
Secretary of State  
CC6193450265**

**Entity Name:** VENDOME VILLAGE COUNCIL OF PRESIDENTS, 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: 59-3166908**

**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**

**02/26/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            SECRETARY/TREASURER  
Name            MC VEY, DAVE  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HWY 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            RECORDING SECRETARY  
Name            FREE, SUE  
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: ROBIN MILLER**

**PRESIDENT**

**02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date