

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

DOCUMENT# N95000002868

**Entity Name:** MILLPOND LAKES VILLAS CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC1378243323****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: 59-3304210****Certificate of Status Desired: No****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*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****04/12/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name SANDER, FRAN  
Address QUALIFIED PROPERTY  
MANAGEMENT, INC  
5901 US HWY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP  
Name LAHMAN, LINDA  
Address QUALIFIED PROPERTY  
MANAGEMENT, INC  
5901 US HWY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREA  
Name HOLMES, PAUL  
Address QUALIFIED PROPERTY  
MANAGEMENT, INC  
5901 US HWY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY  
Name STRICKER, JOE  
Address QUALIFIED PROPERTY  
MANAGEMENT, INC  
5901 US HWY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name SCOTELLA, ANTHONY  
Address 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: FRAN SANDER****PRESIDENT****04/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date