

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002868

**FILED  
Mar 19, 2018  
Secretary of State  
CC6415238228**

**Entity Name:** MILLPOND LAKES VILLAS CONDOMINIUM 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: 59-3304210**

**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**

**03/19/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title           DIRECTOR  
Name           BEAL, COLETTE  
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: LINDA LAHMAN**

**PRESIDENT**

**03/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date