

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005774

Entity Name: BLOOMINGDALE - CC HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 21, 2014
Secretary of State
CC9398951406

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0660783

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HIGHWAY 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

01/21/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DUNNIGAN, RICHARD
Address QUALIFIED PROPERTY
 MANAGEMENT, INC.
 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name SABO, FRAN
Address QUALIFIED PROPERTY
 MANAGEMENT, INC.
 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER
Name ERVAST, DAVID
Address QUALIFIED PROPERTY
 MANAGEMENT, INC.
 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name ALBERTO, BARBARA
Address QUALIFIED PROPERTY
 MANAGEMENT, INC.
 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name WHITE, DINA
Address QUALIFIED PROPERTY
 MANAGEMENT, INC.
 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name ROSS, BARBARA
Address QUALIFIED PROPERTY
 MANAGEMENT, INC.
 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name MILLER, RENEE
Address QUALIFIED PROPERTY
 MANAGEMENT, INC.
 5901 US HIGHWAY 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: RICHARD DUNNIGAN

PRESIDENT

01/21/2014

