

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005774

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC6786005098**

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

**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:**

WHITE, MARY A  
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

01/16/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title DIR  
Name WOLCZYWSKI, CHET  
Address C/O QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title DIRECTOR  
Name MILLER, RENEE  
Address C/O 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

01/16/2013

