

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001405

**Entity Name:** SUMMERTREE VILLAS HOMEOWNERS ASSOCIATION, 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:** 59-3444158**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

03/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title	SECRETARY
Name	VIGES, JULIE
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:** RON CASEY

PRESIDENT

03/30/2021

Electronic Signature of Signing Officer/Director Detail

Date