

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006354

**Entity Name:** LAKE FANTASIA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8350 FANTASIA PARK WAY  
RIVERVIEW, FL 33578

**Current Mailing Address:**

C/O QUALIFIED PROPERTY MANAGEMENT  
5901 US HIGHWAY 19 SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-3545911

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUALIFIED PROPERTY MANAGEMENT INC  
QUALIFIED PROPERTY MANAGEMENT  
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 BURNARD

02/24/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONNELLY, MIKE  
Address        C/O QUALIFIED PROPERTY  
                  MANAGEMENT  
                  5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VP  
Name            BROWN, SANDY  
Address        C/O QUALIFIED PROPERTY  
                  MANAGEMENT  
                  5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            SECRETARY  
Name            JONES, CLINT  
Address        C/O QUALIFIED PROPERTY  
                  MANAGEMENT  
                  5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            TREASURER  
Name            SCHOMER, SAMMY  
Address        C/O QUALIFIED PROPERTY  
                  MANAGEMENT  
                  5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            ROBINSON, UNEEDA  
Address        C/O QUALIFIED PROPERTY  
                  MANAGEMENT  
                  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:** MIKE CONNELLY

PRESIDENT

02/24/2022

Electronic Signature of Signing Officer/Director Detail

Date