

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006701

**Entity Name:** WINDING WILLOW VILLAGE OF HERITAGE SPRINGS, INC.

**Current Principal Place of Business:**

QUALIFIED PROPERTY MANAGEMENT  
5901 US HWY 19 SUITE 7Q  
NEW PORT RICHEY , FL 34652

**Current Mailing Address:**

QUALIFIED PROPERTY MANAGEMENT  
5901 US HWY 19 SUITE 7Q  
NEW PORT RICHEY , FL 34652 US

**FEI Number:** 59-3610214

**Certificate of Status Desired:** No

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

QUALIFIED PROPERTY MANAGEMENT  
QUALIFIED PROPERTY MANAGEMENT  
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 WHITE

02/27/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title TREASURER  
Name WALKE, RALPH  
Address QUALIFIED PROPERTY  
MANAGEMENT  
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:** RAYMOND CASS

PRESIDENT

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date