2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723049

FILED Mar 22, 2011 Secretary of State

Entity Name: CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT INC

1301 SEMINOLE BLVD.

5901 ÚS HWY 19, SUITE 7Q

SUITE 110 LARGO, FL 33770 U

NEW PORT RICHEY, FL 34652 US

Current Mailing Address: New Mailing Address:

1301 SEMINOLE BLVD. SUITE 110

LARGO, FL 33770

C/O QUALIFIED PROPERTY MGMT INC

5901 US HWY 19, SUITE 7Q

NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1524115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.

US

QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19

1301 SEMINOLE BLVD.

SUITE 7Q

SUITE 110 SUITE LARGO, FL 33770 US NEW

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 03/22/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: SCHULTZ, PHILIP
Address: 2209 BELLEAIR RD #C10
City-St-Zip: CLEARWATER, FL 33764

Title: VP

Name: HALLSTEIN, CAROL
Address: 2207 BELLEAIR RD #B02
City-St-Zip: CLEARWATER, FL 33764

Title: SD

 Name:
 PALMER, COREY

 Address:
 2205 BELLAIR RD #A20

 City-St-Zip:
 CLEARWATER, FL 33764

Title: TD

Name: BROWN, ROBERT
Address: 6 LAKEVIEW COURT
City-St-Zip: RIVERHEAD, NY 11901

Title:

Name: BACON, WILLIAM
Address: 2207 BELLEAIR RD #B-09
City-St-Zip: CLEARWATER, FL 33764

Title: [

Name: HAYDEN, DONALD
Address: 2205 BELLEAIR RD #A-15
City-St-Zip: CLEARWATER, FL 33764

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: PHILLIP SCHULTZ PD 03/22/2011