

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740464

FILED
Jan 14, 2010
Secretary of State

Entity Name: VENDOME VILLAGE UNIT FIFTEEN ASSOCIATION, INC.

Current Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD, STE 110
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD, STE 110
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 59-1654786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: FISHER, ALMA
Address: 7075 LAFAYETTE
City-St-Zip: PINELLAS PARK, FL 33781

Title: PD
Name: NARDELLI, EILEEN
Address: 6997 VERSAILLES
City-St-Zip: PINELLAS PARK, FL 33781

Title: D
Name: LAUZIERS, DOROTHY
Address: 7067 VERSAILLES
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD
Name: PISANO, JIM
Address: 7037 VERSAILLES
City-St-Zip: PINELLAS PARK, FL 33781

Title: D
Name: PRIGG, RUTH
Address: 7057 VERSAILLES
City-St-Zip: PINELLAS PARK, FL 33781

Title: D
Name: VAN DER ROOST, ANDRE
Address: 7085 LAFAYETTE
City-St-Zip: PINELLAS PARK, FL 33781

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: EILEEN NARDELLI

PD

01/14/2010

Electronic Signature of Signing Officer or Director

Date