2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740737

FILED Jan 24, 2012 Secretary of State

Entity Name: VENDOME VILLAGE UNIT NINE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT, INC. 5901 US HWY 19, STE 7Q NEW PORT RICHEY, FL 34652 US

Current Mailing Address: New Mailing Address:

C/O QUALIFIED PROPERTY MGMT, INC. 5901 US HWY 19, STE 7Q NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1654767 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 QUALIFIED PROPERTY MANAGEMENT INC 5901 US 19 5901 US HWY 19

SUITE 7Q SUITE 7Q

NEW PORT RICHEY, FL 34652 US 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 01/24/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: NOVAK, SARAH

Address: 5901 US HWY. 19, STE. 7Q City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP

Name: RYAN, RUTH

Address: 5901 US HWY. 19, STE. 7Q City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: STD

Name: LOUGHLIN, GAIL

Address: 5901 US HWY. 19, STE. 7Q City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title:

Name: KENNEDY, GEORGE
Address: 5901 US HWY. 19, STE. 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: SARAH NOVAK PRES 01/24/2012