2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# 741930

Entity Name: VENDOME VILLAGE UNIT TWELVE ASSOCIATION, INC.

Current Principal Place of Business:

% QUALIFIED PROPERTY MANAGEMENT INC
1301 SEMINOLE BLVD., STE. 110
LARGO, FL 33770 US

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:

% QUALIFIED PROPERTY MANAGEMENT INC
1301 SEMINOLE BLVD., STE. 110
LARGO, FL 33770 US

New Mailing Address:

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

FEI Number: 59-1654776 **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: PD
Name: ALLEN, PAM
Address: 8467 ORLEANS
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP
Name: MILLER, KEN
Address: 8477 ORLEANS
City-St-Zip: PINELLAS PARK, FL 33781

Title: STD
Name: DUBRAVA, SHIRLEY
Address: 6955 MONTE CARLO
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: PAM ALLEN PD 03/15/2011

Electronic Signature of Signing Officer or Director Date