2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745055

FILED Feb 24, 2011 Secretary of State

Entity Name: PATIO CONDOMINIUM 1 ASSOCIATION, INC.

Current Principal Place of Business:

% QUALIFIED PROPERTY MANAGEMENT, INC.

1301 SEMINOLE BLVD., STE. 110

LARGO, FL 33770

Current Mailing Address:

% QUALIFIED PROPERTY MANAGEMENT, INC.

1301 SEMINOLE BLVD., STE. 110

LARGO, FL 33770

FEI Number: 59-1977421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

US

US

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.

5901 US 19 N.

SUITE 7Q

NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

% QUALIFIED PROPERTY MANAGEMENT, INC.

% QUALIFIED PROPERTY MANAGEMENT, INC.

QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19

SUITE 7Q

NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

5901 US HWY 19, SUITE 7Q

5901 US HWY 19, SUITE 7Q

NEW PORT RICHEY, FL 34652

New Mailing Address:

NEW PORT RICHEY, FL 34652

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

02/24/2011 Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

NAGODE, KAREN Name: 2237- E LARK CIRCLE W Address: City-St-Zip: PALM HARBOR, FL 34684

Title:

Name: KYNION, JEROME

Address: 2212-ALARK CIRCLE WEST City-St-Zip: PALM HARBOR, FL 34684

Title: PD

TIDWELL, CAROL Name:

Address: 2290-D LARK CIRCLE WEST City-St-Zip: PALM HARBOR, FL 34684

Title: SD

Name: SAMPLES, CAROL

Address: 2237-A LARK CIRCLE WEST City-St-Zip: PALM HARBOR, FL 34684

Title:

Name: HAINES, EVIE

2297-A LARK CIRCLE EAST Address: City-St-Zip: PALM HARBOR, FL 34684

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: CAROL TIDWELL

PD

02/24/2011