## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 747637**

NEW PORT RICHEY, FL 34652

NEW PORT RICHEY, FL 34652

5901 U.S. 19

5901 U.S. 19

SUITE 7Q

SUITE 7Q

FILED Mar 01, 2011 Secretary of State

Entity Name: TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM V ASSOCIATION, INC.

Current Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT INC

5901 US HWY 19, SUITE 7Q

NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:** 

Current Mailing Address: New Mailing Address:

US

US

C/O QUALIFIED PROPERTY MANAGEMENT INC

5901 US HWY 19, SUITE 7Q

NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1977443 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. C/O QUALIFIED PROPERTY MANAGEMENT, INC.

5901 U.S. 19 5901 U.S. 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 WHITE 03/01/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: SMITH, FRED

Address: 8130-2 BRADDOCK #44B City-St-Zip: PORT RICHEY, FL 34668 US

Title: SD

Name: JOHNSON, BERT

Address: CARRIAGE HILL DRIVE #6
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TD

Name: FELTER, KEN

Address: 11410-5 CARRIAGE #29E City-St-Zip: PORT RICHEY, FL 34668 US

Title: VP

Name: DENN, TOM

Address: 11430-5 CARRIAGE #30E City-St-Zip: PORT RICHEY, FL 34668 US

Title: [

Name: DOBRINDT, JIM

Address: 8111-3 BRADDOCK CIRCLE City-St-Zip: PORT RICHEY, FL 34668

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: FRED SMITH PD 03/01/2011