2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2011
Secretary of State

DOCUMENT# 748631

Entity Name: VILLA MILAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10540 77TH TERRACE N.
SEMINOLE, FL 33772 US

New Principal Place of Business:

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

Current Mailing Address:

1301 SEMINOLE BLVD.
SUITE 110
LARGO, FL 33770 US

New Mailing Address:

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

FEI Number: 59-1946336 **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 Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US 19
SUITE 7Q
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 02/24/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HEARNDEN, MICHAEL
Address: 10530 77 TERR N. #121
City-St-Zip: SEMINOLE, FL 33772

Title: TD
Name: CICCARELLI, GERALDINE
Address: 10530 77 TERR N., #307
City-St-Zip: SEMINOLE, FL 33772

Title: SD
Name: GOOKIN, MARLENE
Address: 10540 77 TERR N., #130
City-St-Zip: SEMINOLE, FL 33772

Title: VP
Name: DE RUSSO, LINDA
Address: 10540 77 TERR N., #320
City-St-Zip: SEMINOLE, FL 33772

Title: D
Name: THERIAULD, MAURICE
Address: 10540 77 TERR N., #227
City-St-Zip: SEMINOLE, FL 33772

Title: D
Name: RANELLI, BEN
Address: 10540 77 TERR N., #311
City-St-Zip: SEMINOLE, FL 33772

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: MIKE HEARNDEN PD 02/24/2011
Electronic Signature of Signing Officer or Director Date