## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748631** 

FILED Feb 10, 2012 Secretary of State

Entity Name: VILLA MILAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O QUALIFIED PROPERTY MANAGEMENT INC

5901 US HWY 19 SUITE 7Q

NEW PORT RICHEY, FL 34652

**Current 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 ( )

5901 US HWY 19 SUITE 7Q NEW PORT RICHEY, FL 34652

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

US

US

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:

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

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 A. WHITE

02/10/2012 Date

Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:** 

**PRES** 

DESSAUER, NEAL Name:

5901 US HWY 19, STE 7Q Address:

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title:

DE RUSSO, LINDA Name:

Address: 5901 US HWY 19, STE 7Q

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC

RANELLI, BEN Name:

Address: 5901 US HWY 19, STE 7Q

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA

Name: RANELLI, BEN

Address: 5901 US HWY 19, STE 7Q

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title:

Name: CAREW, DON

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

Title:

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

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.

**PRES** SIGNATURE: NEAL DESSAUER 02/10/2012