

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 03, 2012
Secretary of State**

DOCUMENT# 755591

Entity Name: CALAIS VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1301 SEMINOLE BLVD.
SUITE 110
LARGO, FL 33770 US**New Principal Place of Business:**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:**QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HWY. 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2020909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:COMMUNITY MANAGEMENT CONCEPTS, INC
4585 140TH AVE N
SUITE 1012
CLEARWATER, FL 33762 US**Name and Address of New Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY. 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 A. WHITE

04/03/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES
Name: O'HERN, TINA
Address: 5901 US HWY. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 USTitle: VP
Name: UHRINEK, TARA
Address: 5901 US HWY. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 USTitle: TREA
Name: SIMPSON, WILLIAM
Address: 5901 US HWY. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 USTitle: SEC
Name: SCHULTHESS, JANE
Address: 5901 US HWY. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 USTitle: DIR
Name: KINNEY, JASON
Address: 5901 US HWY. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: TINA O'HERN

PRES

04/03/2012

Electronic Signature of Signing Officer or Director

Date