

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758195

FILED  
May 01, 2012  
Secretary of State

Entity Name: SANTA MARIA 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 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:

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

## New Mailing Address:

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

FEI Number: 59-2247255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MGMT INC  
5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

QUALIFIED PROPERTY MGMT 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

05/01/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: ENGLUND, GENE  
Address: 5901 US HWY. 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP  
Name: MATTHEWS, VIRGINIA  
Address: 5901 US HWY. 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC  
Name: REIDY, ANNE  
Address: 5901 US HWY. 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA  
Name: KEENAN, TIMOTHY  
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: GENE ENGLUND

PRES

05/01/2012

Electronic Signature of Signing Officer or Director

Date