

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760495

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** THE ORCHARDS OF RADCLIFFE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 US 19 N  
STE. 7Q  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19, STE. 7Q  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5901 US 19 N  
STE. 7Q  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19, STE. 7Q  
NEW PORT RICHEY, FL 34652

**FEI Number:** 59-2211593

**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 N  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FRENCH, SUSAN  
Address: 7833 RADCLIFFE CIRCLE #N103  
City-St-Zip: PORT RICHEY, FL 34668

Title: VD  
Name: KELLY, JOEL  
Address: 7721 RADCLIFFE CIRCLE #G104  
City-St-Zip: PORT RICHEY, FL 34668

Title: TD  
Name: DRISCOLL, JIM  
Address: 7742 RADCLIFFE CIRCLE #E102  
City-St-Zip: PORT RICHEY, FL 34668

Title: SD  
Name: MABUS, SUZANNE  
Address: 7718 RADCLIFFE CIRCLE #D106  
City-St-Zip: PORT RICHEY, FL 34668

Title: D  
Name: RUBY, LARRY  
Address: 7703 RADCLIFFE CIRCLE #F102  
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: SUSAN FRENCH

PD

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date