

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764828

FILED
Mar 19, 2012
Secretary of State

Entity Name: LAKE OVERLOOK CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-2445204

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

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

Title: SEC
Name: BLIKKEN, KATHY L
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA
Name: FLEMING, BETSY
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D
Name: HARDWICK, CYNTHIA
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D
Name: OLIVER, RYAN
Address: 5901 US HWY 19, STE 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: STEVEN WIEHAGEN

PRES

03/19/2012

Electronic Signature of Signing Officer or Director

Date