

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005899

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** LAKE KIMBERLY VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

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

**New Mailing Address:**

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

**FEI Number:** 90-0732784

**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 HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 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

03/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** KELLER, LISA  
**Address:** 5901 US HWY 19, STE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

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

**Title:** SEC  
**Name:** LATIF, EDMUND  
**Address:** 5901 US HWY 19, STE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** TREA  
**Name:** BARTA, LASZLO  
**Address:** 5901 US HWY 19, SUITE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** D  
**Name:** BURNS, CHAD  
**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:** LISA KELLER

PRES

03/08/2012

Electronic Signature of Signing Officer or Director

Date