2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000000157

NEW PORT RICHEY, FL 34652

TI FILED
Sep 21, 2012
Secretary of State

Entity Name: PARK LAKE AT PARSONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

QUALIFIED PROPERTY MANAGEMENT, INC. 208 LAKE PARSONS GREEN 5901 US HWY 19, SUITE 7Q BRANDON, FL 33511 US

Current Mailing Address: New Mailing Address:

QUALIFIED PROPERTY MANAGEMENT, INC. P.O. BOX 2581

5901 US HWY 19, SUITE 7Q BRANDON, FL 33509 US NEW PORT RICHEY, FL 34652 US

FEI Number: 20-4056511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

QUALIFIED PROPERTY MANAGEMENT, INC

5901 US HIGHWAY 19

208 LAKE PARSONS GREEN
SUITE 70

PRANDON EL 33511 US

SUITE 7Q BRANDON, FL 33511 US
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: JANICE C POWELL, MANAGER 09/21/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: DORSEY, MIKE

Address: 5901 US HIGHWAY 19, SUITE 7Q City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP

Name: POWELL, CODY

Address: 5901 US HIGHWAY 19, SUITE 7Q City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA

Name: GUARDIOLA, RICARDO

Address: 5901 US HIGHWAY 19, SUITE 7Q City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC

Name: BARTZ, PETER

Address: 5901 US HWY 19, STE 7Q

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title:

 Name:
 WESTBROCK, JERRY

 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: MIKE DORSEY PRES 09/21/2012