

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000844

FILED  
Mar 09, 2011  
Secretary of State

Entity Name: ARBOR HEIGHTS CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1301 SEMINOLE BLVD  
SUITE 110  
LARGO, FL 33770 US

## New Principal Place of Business:

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

## Current Mailing Address:

1301 SEMINOLE BLVD  
SUITE 110  
LARGO, FL 33770 US

## New Mailing Address:

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

FEI Number: 20-5086599

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUALIFIED PROPERTY, INC.  
1301 SEMINOLE BLVD  
SUITE 110  
LARGO, FL 33770 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 WHITE

03/09/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: WINZENRIED, JOHN  
Address: 1301 SEMINOLE BLVD, STE 110  
City-St-Zip: LARGO, FL 33770 US

Title: VP  
Name: GHIDOSI, JAMES  
Address: 1301 SEMINOLE BLVD, SUITE 110  
City-St-Zip: LARGO, FL 33770 US

Title: SD  
Name: LASKETT, BARBARA  
Address: 1301 SEMINOLE BLVD, SUITE 110  
City-St-Zip: LARGO, FL 33770 US

Title: TD  
Name: CARTIER, DANIELLE  
Address: 1301 SEMINOLE BLVD, SUITE 110  
City-St-Zip: LARGO, FL 33770 US

Title: D  
Name: PONCE, JOSE  
Address: 1301 SEMINOLE BLVD, SUITE 110  
City-St-Zip: LARGO, FL 33770 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: JOHN WINZENRIED

PD

03/09/2011

Electronic Signature of Signing Officer or Director

Date