

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 21, 2011  
Secretary of State**

DOCUMENT# N06000000844

Entity Name: ARBOR HEIGHTS CONDOMINIUM 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:**

**Current Mailing Address:**

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

**New Mailing Address:**

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 MGMT 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: PD  
Name: WINZENRIED, JOHN  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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

Title: TD  
Name: GHIDOSSO, JIM  
Address: 5901 US HWY 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SD  
Name: LASKETT, BARBARA  
Address: 5901 US HWY 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D  
Name: PILGRIM, LISA  
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: JOHN WINZENRIED

PD

04/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date