2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000000844

FILED Mar 09, 2012 Secretary of State

Entity Name: ARBOR HEIGHTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

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

ARBOR HEIGHTS CONDOMINIUM ASSOCIATION ATTN: CLUBHOUSE-3001 58TH AVE. SOUTH

ST PETERSBURG, FL 33712

Current Mailing Address:

New Mailing Address:

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

ARBOR HEIGHTS CONDOMINIUM ASSOCIATION ATTN: CLUBHOUSE-3001 58TH AVE. SOUTH ST PETERSBURG, FL 33712

FEI Number: 20-5086599

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

RAHDERT, STEELE, REYNOLDS & DRISCOLL, PA

535 CENTŔAL AVE

ST PETERSBURG, FL 33712 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: GEORGE K. RAHDERT, ESQ

03/09/2012

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

.PRE

WINZENRIED, JOHN Name: 3001 58TH AVE SOUTH Address:

City-St-Zip: ST PETERSBURG, FL 33712 US

Title:

Name: PILGRIM, LISA Address: 3001 58TH AVE SOUTH

City-St-Zip: ST PETERSBURG, FL 33712 US

Title: TD

GHIDOSSI, JIM Name: Address: 3001 58TH AVE SOUTH City-St-Zip: ST PETERSBURG, FL 33712 US

Title: SEC

Name: MACON, BARBARA Address: 3001 58TH AVE SOUTH

ST PETERSBURG, FL 33712 US City-St-Zip:

Title:

Name: HARDING, MATT 3001 58TH AVE SOUTH

Address: City-St-Zip: ST PETERSBURG, FL 33712 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 **PRES** 03/09/2012