

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19289

FILED
Mar 04, 2011
Secretary of State

Entity Name: EDGEWOOD OF GULF TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5901 US 19 N
STE. 7Q
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

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

Current Mailing Address:

5901 US 19 N
STE. 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

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

FEI Number: 59-2893802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US 19 N
STE 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

03/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PETERS, THOMAS SR
Address: 2839 FEATHERSTONE DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: VP
Name: MASSIMILLO, PAULINE
Address: 4140 EDGEWOOD DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: TD
Name: JOHNSON, STEVE
Address: 4140 CASTLEWOOD DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: SD
Name: MOLITOR, SALLY
Address: 2832 FEATHERSTONE DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D
Name: BUNTING, MARIE
Address: 4142 EDGEWOOD DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D
Name: SOUSA, JOYCE
Address: 2910 FEATHERWOOD
City-St-Zip: HOLIDAY, FL 34691

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: THOMAS PETERS SR

PD

03/04/2011

Electronic Signature of Signing Officer or Director

Date