2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2012
Secretary of State

DOCUMENT# N93000003895

Entity Name: SPYGLASS AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3202560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 U.S 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 A. WHITE 02/10/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GALEB, AIDA
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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

Title: SEC
Name: MEGLAY, DAVID
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA
Name: MALONE, ALBERT
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D
Name: THOMPSON, JAMES
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: AIDA GALEB PRES 02/10/2012
Electronic Signature of Signing Officer or Director Date