

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005165

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** TARA CAY SOUND, SOUTH VILLAGE HOMEOWNER'S ASSOCIATION, INC.

## Current Principal Place of Business:

C/O QUALIFIED PROPERTY MGT.  
1301 SEMINOLE BLVD. #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:

C/O QUALIFIED PROPERTY MGT.  
1301 SEMINOLE BLVD. #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: 59-3212606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

QUALIFIED PROPERTY MGMT INC  
5901 US 19 N.  
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

03/14/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: NOTTER, CONI  
Address: 9940 INDIAN KEY TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: VP  
Name: BATES, DAVID  
Address: 9890 INDIAN KEY TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: SD  
Name: ALBRITTON, DONALD  
Address: 9920 INDIAN KEY TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: TD  
Name: JENNINGS, MARK  
Address: 9850 INDIAN KEY TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: D  
Name: RISSIN, JEFF  
Address: 9929 INDIAN KEY TRL  
City-St-Zip: SEMINOLE, FL 33776

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: CONI NOTTER

PD

03/14/2011

Electronic Signature of Signing Officer or Director

Date