

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005976

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** COTEE RIVER PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

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

**Current Mailing Address:**

5901 US 19  
SUITE 7 Q  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

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

**FEI Number:** 59-3369378

**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  
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: ONEY, JAMES JR.  
Address: 5901 US 19 SUTIE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP  
Name: DUFF, WANDA  
Address: 5901 US 19 SUTIE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD  
Name: BASSETT, JANET  
Address: 5901 US 19 SUTIE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD  
Name: HAGER, GLORIA  
Address: 5901 US 19 SUTIE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: HOBDEN, KATHLEEN  
Address: 5901 US 19 SUTIE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: JAMES ONEY

PD

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date