

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002454

FILED  
Jan 22, 2010  
Secretary of State

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

**Current Principal Place of Business:**

QUALIFIED PROP MGT., INC.  
1301 SEMINOLE BLVD., #110  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

QUALIFIED PROP. MGT., INC.  
1301 SEMINOLE BLVD., #110  
LARGO, FL 33770 US

**New Mailing Address:**

**FEI Number:** 59-3394439

**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.  
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: OATLEY, PAT  
Address: 14641 SEMINOLE TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: VD  
Name: MCCABE, EMMITT  
Address: 14829 SEMINOLE TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: SD  
Name: CORSETTI, NANCY  
Address: 14649 SEMINOLE TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: TD  
Name: HAMMOCK, BOBBY  
Address: 14827 SEMINOLE TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: D  
Name: FOSS, MICHAEL  
Address: 14653 SEMINOLE TRAIL  
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: PAT OATLEY

PD

01/22/2010

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

\_\_\_\_\_  
Date