

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741551

Entity Name: TANGLEWOOD MOBILE VILLAGE CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 19, 2022
Secretary of State
6591005881CC**Current Principal Place of Business:**QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY 19 STE. 7Q
NEW PORT RICHEY, FL 34652**Current Mailing Address:**QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY 19 STE. 7Q
NEW PORT RICHEY, FL 34652 US**FEI Number: 59-1819458****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT INC
QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY 19 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 BURNARD****01/19/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SPONHOUR, BRENDA
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 STE. 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name LOW, PAUL
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 STE. 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY, TREASURER
Name EARLYWINE, DARLENE
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 STE. 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name VOGELL, FRANCINE
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 STE. 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name MCCLUSKEY, TRACY
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 STE. 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name PARRY, CLARK
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 STE. 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name BLAIR, GLENN
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 STE. 7Q
City-State-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: BRENDA SPONHOUR**PRESIDENT****01/19/2022**

