2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2013
Secretary of State
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Entity Name: TANGLEWOOD MOBILE VILLAGE CONDOMINIUM ASSOCIATION, INC.

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 A. WHITE, CEO 02/21/2013

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES	Title	VP
Name	HOSKIN, ALAN	Name	ALLARD, KEITH
Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HIGHWAY 19 STE. 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HIGHWAY 19 STE. 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	SECRETARY	Title	TREA
Name	BRANDT, ALICE	Name	ALLARD, KEITH
Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HIGHWAY 19 STE. 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HIGHWAY 19 STE. 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	DIRECTOR	Title	DIRECTOR
Name	HILLMAN, MARY	Name	CLUFF, GARY
Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HIGHWAY 19 STE. 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HIGHWAY 19 STE. 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	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: ALAN HOSKIN PRESIDENT 02/21/2013

Electronic Signature of Signing Officer/Director Detail — Date