

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741551

Entity Name: TANGLEWOOD MOBILE VILLAGE CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 14, 2016
Secretary of State
CC5117618580**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****01/14/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title	DIRECTOR
Name	CLUFF, GARY
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: ALICE BRANDT**PRESIDENT****01/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date