2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 07, 2020
Secretary of State
6519825761CC

DOCUMENT# 753801

Entity Name: CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2441506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC
QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19 SUITE 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 05/07/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	BOLTON, VICKY
Address	QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	WILLIAMS, BOB
Address	QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	DODRILL, JENNIFER
Address	QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	TANZER, ANGELA
Address	QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	MARSHALL, JACK
Address	QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	JONES, IVAN
Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	MCFARLAND, ARTHUR
Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	WOOD, THERESA
Address	QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

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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: VICKY BOLTON PRESIDENT 05/07/2020

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PERREAULT, BARBARA
Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652