# 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 753801** 

Entity Name: CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

FILED Sep 26, 2018 Secretary of State CC8835106259

### **Current Principal Place of Business:**

QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 SUITE 7Q NEW PORT RICHEY, FL 34652

#### **Current Mailing Address:**

QUALIFIED PROPERTY MANAGEMENT INC 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:

NEW PORT RICHEY FL 34652

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 09/26/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Address

Title PRESIDENT Title VP

Name MILLER, TIM Name MARSHALL, JACK

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT INC MANAGEMENT INC

5901 US HWY 19 SUITE 7Q 5901 US HWY 19 SUITE 7Q

City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY Title TREASURER

Name TANZER, ANGELA Name SANDSTROM, JOHN

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT INC MANAGEMENT INC

5901 US HWY 19 SUITE 7Q 5901 US HWY 19 SUITE 7Q

City-State-Zip:

NEW PORT RICHEY FL 34652

Title DIRECTOR Title DIRECTOR

Name MCCOLLUM, RICK Name ORBAN, ROBIN

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

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City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR Title DIRECTOR

Name BUSCH, CAROL Name BOLTON, VICKY

QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT INC MANAGEMENT INC

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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: TIM MILLER PRESIDENT 09/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name DAVENPORT, DAVID

Address QUALIFIED PROPERTY MANAGEMENT INC

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City-State-Zip: NEW PORT RICHEY FL 34652