

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 753801

Entity Name: CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

FILED
Aug 08, 2019
Secretary of State
2730834713CC

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:

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

08/08/2019

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 VP
Name MARSHALL, JACK
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 TREASURER
Name SANDSTROM, JOHN
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 BUSCH, CAROL
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 DIRECTOR
Name WOOD, THERESA
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HWY 19 SUITE 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: VICKY BOLTON

PRESIDENT

08/08/2019

