

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755591

**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC2677181410**

**Entity Name:** CALAIS VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2020909

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUALIFIED PROPERTY MANAGEMENT, INC  
QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY. 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            1ST VP  
Name            CARLSON, DAWN  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title            SEC  
Name            SCHULTHESS, JANE  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 19 STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            2ND VP  
Name            HAKLER, DONNAJEANE  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC.  
                  5901 US HWY. 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:** TARA UHRINEK

**PREIDENT**

**02/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date