## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 759183** 

Entity Name: MARKER "5" CONDOMINIUM ASSOCIATION, INC.

FILED Mar 13, 2014 Secretary of State CC3351052369

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

QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19 STE. 7Q

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: 59-2105474 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: MARY A. WHITE 03/13/2014

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRES Title VICE PRESIDENT
Name WILLIAMS, PAT Name MELENDEZ, AL

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT, INC.
5901 US HWY 19 STE. 7Q

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5901 US HWY 19 STE. 7Q

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

Title TREASURER Title DIRECTOR

Name WISE, THOMAS Name BIDDINGER, JIM

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

Title SECRETARY

Name ORTENGEN, JANEL
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: PAT WILLIAMS PRESIDENT 03/13/2014