2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767823

Entity Name: PARKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 16, 2023
Secretary of State
4850480148CC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2377593 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT QUALIFIED PROPERTY MANAGEMENT 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 WHITE 03/16/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitlePRESIDENTTitleTREASURERNameMEYERS, JOHNNameDAVIS, SHARON

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT MANAGEMENT

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 VP

Name POOLE, AMY Name ARMSTRONG, THOMAS

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT MANAGEMENT

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 DIRECTOR Title DIRECTOR

Name JABER, SAMER Name DUQUE, GERARDO

Address QUALIFIED PROPERTY Address QUALIFIED PROPERTY

MANAGEMENT MANAGEMENT

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 DIRECTOR
Name PUGH. ROBYN

Address QUALIFIED PROPERTY

MANAGEMENT

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: JOHN MEYERS PRESIDENT 03/16/2023