

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767823

Entity Name: PARKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 20, 2022
Secretary of State
6591724658CC

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

01/20/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MEYERS, JOHN
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER
Name DAVIS, SHARON
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name PIZER, SUSAN
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name KARRAKER, JAMES
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name STOLTZFUS, DENISE
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name DUQUE, GERARDO
Address QUALIFIED PROPERTY
 MANAGEMENT
 5901 US HWY 19 SUITE 7Q
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

01/20/2022

