

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012112

**FILED  
Mar 20, 2018  
Secretary of State  
CC2698698798**

**Entity Name:** GLEN CREST 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:** 86-1160639

**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

03/20/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title           DIRECTOR  
Name           PILEGGI, ROBERT  
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:** JOHN ROSS

PRESIDENT

03/20/2018

Electronic Signature of Signing Officer/Director Detail

Date