

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012112

FILED
Feb 08, 2017
Secretary of State
CC1368018991

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

02/08/2017

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

Title SECRETARY
Name STALLKNOCKER, KARI
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

Title DIRECTOR
Name JONES, 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

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date