

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012112

**Entity Name:** GLEN CREST CONDOMINIUM ASSOCIATION INC.

**FILED**  
**Mar 30, 2021**  
**Secretary of State**  
**5499459720CC**

**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 BURNARD**

**03/30/2021**

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

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

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

Title            SECRETARY  
Name            TCHOTCHEV, TONI  
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**

**03/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date