

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41892

Entity Name: TRINITY OAKS PROPERTY OWNERS' 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: 59-3051415****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

01/31/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title DIRECTOR
Name EVANS, RANDY
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: RON LEVI

PRESIDENT

01/31/2013

