

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000720

Entity Name: FOREST POINTE HOMEOWNERS 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: 59-3173967

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

01/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name OROZ, JANET
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: JOE WHITTON

PRESIDENT

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date