

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001983

FILED
Mar 20, 2013
Secretary of State
CC8463886574

Entity Name: MILLPOND ESTATES SECTION FOUR HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY. 19 SUITE 7Q
NEW PORT RICHEY, FL 34652

Current Mailing Address:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY. 19 SUITE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3254247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY. 19 SUITE 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

03/20/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VICE PRESIDENT
Name ISNARDI, THOMAS
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY. 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title TREASURER
Name DI BENEDETTO, KENNETH
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY. 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name JACOBY, BETTY ANN
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY. 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title DIRECTOR
Name CARUSO, JOAN
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY. 19 SUITE 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: DIANE KRIVO

PRESIDENT

03/20/2013

