

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005976

**FILED**  
**Apr 11, 2014**  
**Secretary of State**  
**CC9558501328**

**Entity Name:** COTEE RIVER PARK 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: 59-3369378**

**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

04/11/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title VP  
Name ONEY, JAMES  
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:** KATHLEEN HOBDEN

**PRESIDENT**

04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date