## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 8:00 am Secretary of State

							<i>,</i> , , , , , , , , , , , , , , , , , ,		
DOCUMENT # 721813  1. Entity Name FOREST PINES ASSOCIATION, INC.				-	04-18-2005 90287 011 ****61.25				
Principal Place of Business PROGRESSEIVE COMMUNITY MGMT, INC 1801 GLENGARY ST SARASOTA, FL 34231-0603  Mailing Address PROGRESSEIVE COMMUNI 1801 GLENGARY ST SARASOTA, FL 34231-060									
2. Principal Place of Business 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162005	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State		4. FEI Number 59-16850	)26			oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	d 🗆	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and A	dress of Nev	w Registered	Agent		
PROGRESSEIVE COMMUNITY MGMT, INC			Name	7. Name and Address of New Registered Agent Name					
1801 GLE	NGARY ST [A, FL 34231		Street Address		s Not Accepta	able)			
0,4,0,00	7,7 2 3 123 1								
			City		_	FL	Zip Cod	0	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both,	in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE		407						<del></del>	
	Signature, typed or printed name of registered agent	(NOTE:	Hegistered Agent signatu	re required when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHAN	GES TO OFFI	CERS AND D	IRECTORS IN	110	
TITLE NAME	PD DEVITTORI, RON	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	1318 GLENDALE CIRCLE N		STREET ADDRESS						
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP						
TITLE	VD	Delete	TITLE	· · · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition	
NAME STREET ADDRESS	THOMAS, GEORGE 3750 COLLINS STREET		NAME STREET ADDRESS						
CITY-ST-ZIP	SARASOTA, FL 34232		CITY+ST-ZIP						
TITLE	SD	∑ Delete	TITLE	50			☐ Change	Addition	
NAME	BEVERLY RABALAIS	ALS Delete	NAME	MILLER, M	ELTON				
STREET ADDRESS	1564 STEWART DR		STREET ADDRESS	1564 STEWF	ART D				
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA	FL 3	4232			
TITLE	TD SERVING FRAM	☐ Delete	TITLE				Change	Addition Addition	
NAME STREET ADDRESS	PERKINS, FRAN 3732 COLLINS STREE		NAME STREET ADDRESS						
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP						
TITLE		П.	TITLE			·-·-·	Change		
	AS	☐ Delete	11114					Addition	
NAME	MARKEL, JIM	☐ Delete	NAME				C Creange	☐ Addition	
STREET ADDRESS	MARKEL, JIM 1801 GLENGARY STREET	☐ Delete	name Street address				C Orange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231		NAME STREET ADDRESS CITY-ST-ZIP						
STREET ADORESS CITY-ST-ZIP TITLE	MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231 AT	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231		NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all printing the empowered.

SIGNATURE:

JIM WARK

4/15/05 941-921-532