## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #721813**

1. Entity Name
FOREST PINES ASSOCIATION, INC.



Principal Place of Business PROGRESSEIVE COMMUNITY MGMT. INC Mailing Address

PROGRESSEIVE COMMUNITY MGMT. INC

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Mav	04.	2007	<b>7 8:00</b>	am
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05-04-2007 90083 032 \*\*\*\*61.25

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1801 GLENGARY ST 18		1801 GLENGARY ST	1801 GLENGARY ST SARASOTA, FL 34231-0603		<b>io</b> i 1880 38800 UN <b>o</b> uon di			
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	uite, Apt. #, etc.		01122007 Chg-NP CR2E037 (12/06)			
City & Stat	te	City & State		4. FEI Number 59-1685026		<del> </del>	oplied For	
Zip	Country	Zip	Country	5. Certificate of Star	tus Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registe	red Agent		
DD00DE			Name				·	
PROGRESSEIVE COMMUNITY MGMT, INC 1801 GLENGARY ST SARASOTA, FL 34231			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e	
the obligat	tions of registered agent.  Signature, typed or printed name of registered agen	; and this II applicable. (NOTE	: Registered Agent signature rec	quired when reinstating)	NO.	NE.		
Filing Fee is \$61.25 Due by May 1, 2007		I	9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State			
10.	" OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AN	DIRECTORS IN	110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFFMAN, IVAN 1550 GRAND BLVD SARASOTA, FL 34232	☐ Delide	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEACH, ROGER 3727 COLLINS ST SARASOTA, FL 34232	⊠ Delate	NAME 5	/PD SOLO MON KE 3703 COLLIN SARASOTA, F	S .ST.	□ Change	Addition Addition	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, MELTON 1328 GLENDALE CIRCLE E SARASOTA, FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS	TD PERKINS, FRAN 3732 COLLINS STREE	⊠ Delete	NAME T	D YSON, ESTHE 608 WHITEH		☐ Change	<b>Addition</b>	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 other fixe empowered.

TITLE

NAME

ПΠЕ

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

AS

ΑT

MARKEL, JIM

1801 GLENGARY STREET

1801 GLENGARY STREET

SARASOTA, FL 34231

SARASOTA, FL 34231

SUTTON, WILLIAM

MLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

dim O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

MARKE L

Change

☐ Change

■ Addition

Addition