



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90220 015 \*\*\*\*61.25

<b>DOCUMENT # 751067</b> 1. Entity Name <b>THE LANDINGS TREEHOUSE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>748 S TAMIAMI TR OSPRAY, FL 34229 US</b>			Mailing Address <b>PO BOX 914 OSPREY, FL 34229</b>		
2. Principal Place of Business <i>Progressive Community Mgmt Inc</i> Suite, Apt. #, etc. <b>1801 Glengary Street</b> City & State <b>Sarasota FL</b> Zip <b>34231</b>		3. Mailing Address <i>Progressive Community Mgmt Inc</i> Suite, Apt. #, etc. <b>1801 Glengary Street</b> City & State <b>Sarasota FL</b> Zip <b>34231</b>			
4. FEI Number <b>59-2071276</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUTTON, WILLIAM C/O MANASOTA MANAG. SERVICE 748 S. TAMIAMI TR OSPREY, FL 34229</b>			7. Name and Address of New Registered Agent Name <i>Progressive Community Management, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <b>1801 Glengary Street</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Jim Markel</i> <b>Jim Markel</b> <b>4/15/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE VP NAME LETELLIER, JIM STREET ADDRESS 1438 LANDING CIR CITY-ST-ZIP SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Chastain, William STREET ADDRESS 1441 Landings Drive, Unit #10 CITY-ST-ZIP Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME MURRAY, DONALD STREET ADDRESS 1303 LANDING DR. CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME McMurray, Donald Dr. STREET ADDRESS 1303 Landings Drive, Unit #17 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME STARR, KENNETH STREET ADDRESS 1419 LANDING PL CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE VD NAME 1419 Landings Place, Unit #60 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LEOPLD, ED STREET ADDRESS 1479 LANDING DR CITY-ST-ZIP SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		TITLE AS NAME Markel, Jim STREET ADDRESS 1801 Glengary Street CITY-ST-ZIP Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SCOTT, ALEXANDER STREET ADDRESS 1380 LANDING PT CITY-ST-ZIP SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		TITLE AT NAME Sutton, William STREET ADDRESS 1801 Glengary Street CITY-ST-ZIP Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WOLFSON, BETTY H STREET ADDRESS 1449 LANDING CIRCLE CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE SD NAME 1449 Landings Circle, Unit # 67 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.					
SIGNATURE: <i>Jim Markel</i> <b>4/15/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>941-921-5393</b> <small>Daytime Phone #</small>		