2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000011070

1. Entity Name
SAN PALERMO AT SARASOTA HOMEOWNERS
ASSOCIATION, INC.



riled
Mar 17, 2008 8:00 am
Secretary of State
02 17 2009 00011 004 ****41 25

03-17-2008 90011 004 *61.25

Principal Place of Business PROGRESSIVE COMMUNITY MGMT., INC 1801 GLENGARY ST. SARASOTA, FL 34231		PRO0 1801	Mailing Address PROGRESSIVE COMMUNITY MGMT., INC 1801 GLENGARY ST. SARASOTA, FL 34231				046623	it briš t it rij t in	fii səili (cən si		
2. Principal Place of Business - No P.O. Box #		x # 3. Mail	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01252008	Chg-NP	CR2E03	37 (12/06)		
City & State		Cit	City & State			4. FEI Number 59-3789	363			oplied For	
Zip Country Zip		Country		5. Certificate of	f Status Desired		\$8.75 Ad Fee Require	ditional			
6. Name and Address of Current Registe			d Agent			7. Name and A	Address of New R	legistered /	Agent	-	
					Name	· · · · · · · · · · · · · · · · · · ·					
PROGRESSIVE COMMUNITY MANAGEMENT, 1801 GLENGARY STREET SARASOTA, FL 34231			, INC.		Street Address	(P.O. Box Number	is Not Acceptable	9)			
SARASUI	A, FL 34231										
					City			FL	Zip Coo	le	
8. The above	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 Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent algreture required when reinstating) DATE											
-	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Can Trust Fund C	. •	~ _	\$5.00 May Be Added to Fees	· •		k payable t tment of S		
10,	OFFICERS	AND DIRECTORS		11.		ADDITIONS/CHAI	NGES TO OFFICE	RS AND DI	RECTORS IN	l 10	
TITLE	AS		☐ Delete	TITLE					☐ Change	Addition	
NAME											
	MARKEL, JIM		oc.ac	NAME							
STREET ADDRESS				NAME	ET ADORESS						
_	MARKEL, JIM			NAME STREE							
STREET ADDRESS	MARKEL, JIM 1801 GLENGARY ST		☐ Delate	NAME STREE	ET ADORESS -ST-ZIP				Change	☐ Addition	
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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: