


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

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90011 004 \*\*\*\*61.25

**DOCUMENT # N04000011070**

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



Principal Place of Business  
**PROGRESSIVE COMMUNITY MGMT., INC**  
**1801 GLENGARY ST.**  
**SARASOTA, FL 34231**

Mailing Address  
**PROGRESSIVE COMMUNITY MGMT., INC**  
**1801 GLENGARY ST.**  
**SARASOTA, FL 34231**

**40046623**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3789363**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PROGRESSIVE COMMUNITY MANAGEMENT, INC.**  
**1801 GLENGARY STREET**  
**SARASOTA, FL 34231**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY ST SARASOTA, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEU, DON 1675 NAPOLI DR W SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEFIORE, RICHARD 6004 MADRANO DRIVE SARASOTA, FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IANNARELLI, LAURENCE 1591 NAPOLI DRIVE WEST SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIEG, SUZANNE 1585 NAPOLI DRIVE WEST SARASOTA, FL 34232	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOK, JAMES 5967 MADRANO DRIVE SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIER, MARY 1556 NAPOLI DRIVE WEST SARASOTA, FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<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 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 like empowered.

**SIGNATURE:** *Jim Markel* **JIM MARKEL** **3/13/08** **941-921-5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #