## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUI								
1. Entity Nam BRADEN	MENT # N08271 WOODS PHASE V HOMEO TION, INC.	DWNERS'S					)220 038 ****6	1.25
Principal Place 748 SO. TAM OSPREY, FL	IIAMI TR.	Mailing Address P 0 BOX 914 OSPREY, FL 34229	US		1 (48) (111 8 8) ( 88) (	140102 	(84 B)	Ilfoni da kada
2. Principal P	lace of Business	3. Mailing Address						
Progressi	we Community Mant In	· Progressive Co	mmunity (	lgmt I.		16 16   15 1     16 1   16 1   16 1   16 1   16 1   16 1   16 1   16 1   16 1   16 1   16 1   16 1   16 1	ion Atali sidri Bibir Albit Si	131 <b>11 2</b> 1 1 <b>20</b> 1
Selite, Apt.	#. etc. street	Suite, Apt. #, etc. 1801 Glano		) + 4 9		ng-NP	CR2E037 (10/03)	
City & State	e <i>D</i> /	City & State	217 311		4. FEI Number		A	oplied For
<u>Sarası</u> Zio	ota FL Country	Sarasota,	Country		59-252065	<u> </u>	\$0.75	ot Applicable
3423		34231	\_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	A	5. Certificate of St	atus Desired	Fee Require	
	6. Name and Address of Current	Registered Agent	Nom		7. Name and Add	ress of New Re	gistered Agent	
MANASOTA MANAGAMENT 748 SO. TAMIAMI TR OSPREY, FL 34229			1	Name FOGICESIVE Community Management, In Street Address (P.O. Box Number is Not Acceptable) 1801 Glengary Street				
			City				FL Zip Coo	le
8 The above	named entity submits this statement fo	r the number of changing if	e registered office	Or register		the State of Flori		and accept
	ions of equistered agent.		a registered office	or regision	ed agent, or both, in	the otate or right		and accept
SIGNATURE .	Signature ryged or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent si		Narkel when reinstating)		1/15/04 DATE	
	Filing Fee Is \$61.25 Due by May 1, 2004		ampaign Financin Contribution.	9 0	\$5.00 May Be Added to Fees		ke check payable to a Department of S	
10.	Due by May 1, 2004 OFFICERS AND DIE	Trust Fund	Contribution.		Added to Fees	Florid	S AND DIRECTORS IN	tate i 10
10. TITLE NAME	Due by May 1, 2004	Trust Fund	Contribution.	AS Mar	Added to Fees  ADDITIONS/CHANGE	Florid ES TO OFFICERS	a Department of S	tate
TITLE NAME STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIR  TD  HALLORAN, RICK  6016 91ST ST É	Trust Fund	11. TITLE NAME STREET ADDRE	AS Mar	Added to Fees  ADDITIONS/CHANGE	Florid ES TO OFFICERS	S AND DIRECTORS IN	tate i 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF TD HALLORAN, RICK 6016 91ST ST É BRADENTON, FL 34202	Trust Fund	11. TITLE NAME STREET ADDRE CITY-ST-ZIP	A5 Mac \$\$ 180 5as	Added to Fees	Florid ES TO OFFICERS	A Department of S S AND DIRECTORS IN Change	110  Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIF  TD  HALLORAN, RICK 6016 91ST ST E  BRADENTON, FL 34202  VP/D  SARTIN, JAMES JR 9002 63RD AVE E	Trust Fund	TILE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	A5   Mac   130   501   D	Added to Fees  ADDITIONS/CHANGE  - kel, Jim  I Glengary  rasota FL	Florid ESTO OFFICERS Street 34231	A Department of S S AND DIRECTORS IN Change	110  Addition
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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 requirer 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.

GNATURE:

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR