

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90180 012 ****61.25

DOCUMENT # N94000003150

1. Entity Name
**SOUTH GATE VILLAGE GREEN CONDOMINIUM
SECTION SIX, INC.**



Principal Place of Business
**PROGRESSIVE COMMUNITY MANAGEMENT, INC
1801 GLENGARY STREET
SARASOTA, FL 34231 US**

Mailing Address
**PROGRESSIVE COMMUNITY MANAGEMENT, INC
1801 GLENGARY STREET
SARASOTA, FL 34231 US**

40034322



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0524161

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, 2006**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SOHL, MARCIA	
STREET ADDRESS	3296 BROCKRON LANE	
CITY - ST - ZIP	SARASOTA, FL 34239	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GRIGGS, DAVID	
STREET ADDRESS	3259 PINECREST STREET	
CITY - ST - ZIP	SARASOTA, FL 34239	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUMBRO, MARY ANN	
STREET ADDRESS	3225 PINECREST STREET	
CITY - ST - ZIP	SARASOTA, FL 34239	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARKEL, JIM	
STREET ADDRESS	1801 GLENGARY STREET	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SUTTON, WILLIAM	
STREET ADDRESS	1801 GLENGARY STREET	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, MARY	
STREET ADDRESS	3418 VILLAGE GREEN DR	
CITY - ST - ZIP	SARASOTA, FL 34239	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITTEN, SUSAN	
STREET ADDRESS	3428 VILLAGE GREEN DRIVE	
CITY - ST - ZIP	SARASOTA, FL 34239	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, NANCY	
STREET ADDRESS	3234 BROCKTON LANE	
CITY - ST - ZIP	SARASOTA, FL 34239	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, CHALYCE	
STREET ADDRESS	3232 BROCKTON LANE	
CITY - ST - ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MARKEL 4/17/06 941-921-5393