


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-20-2006 90180 050 \*\*\*\*61.25

**DOCUMENT #N95000003235**

1. Entity Name  
**STONEBROOK VERANDA GREENS COMMONS 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**

40054423



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  
**65-0600012**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, SY <input checked="" type="checkbox"/> Delete 9570 HIGH GALE DRIVE #1722 SARASOTA, FL 342385808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGEE, ANDY <input type="checkbox"/> Delete 9550 HIGH GALE DRIVE, UNIT #1523 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCOLLUM, JOE <input checked="" type="checkbox"/> Delete 9560 HIGH GALE DRIVE #1613 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIGSBY, JERRY <input checked="" type="checkbox"/> Delete 9580 HIGH GATE DRIVE, # 1814 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM <input type="checkbox"/> Delete 1801 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM <input type="checkbox"/> Delete 1801 GLENGARY STREET SARASOTA, FL 34231

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNELL, MARLENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9570 HIGH GATE DR., #1713 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CROWLEY, MICHAEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9590 HIGH GATE DR., #1426 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEFFERSON, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9580 HIGH GATE DR., #1815 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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** 4/17/06 941-921-5393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #