
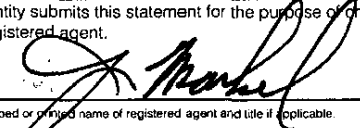
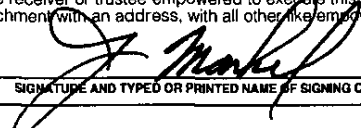


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-28-2004 90219 002 \*\*\*\*61.25

<b>DOCUMENT # N98000005649</b>			
1. Entity Name <b>MANDARIN PARK HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 748 TAMIAMI TR OSPREY, FL 34229 US		Mailing Address PO BOX 914 OSPREY, FL 34229 US	
2. Principal Place of Business <i>Progressive Community Mgmt, Inc</i>		3. Mailing Address <i>Progressive Community Mgmt, Inc</i>	
Suite, Apt. #, etc. <i>1801 Glengary Street</i>		Suite, Apt. #, etc. <i>1801 Glengary Street</i>	
City & State <i>Sarasota FL</i>		City & State <i>Sarasota FL</i>	
Zip <i>34231</i>	Country <i>USA</i>	Zip <i>34231</i>	Country <i>USA</i>
4. FEI Number <b>65-0902881</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SUTTON, WILLIAM % MANASOTA MGMT SERVICES 748 S. TAMIAMI TRL. OSPREY, FL 34229</b>		7. Name and Address of New Registered Agent Name <i>Progressive Community Management, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>1801 Glengary Street</i> City <i>Sarasota</i> FL Zip Code <i>34231</i>	
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 <i>4/12/04</i>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSCATELL, JOE 1359 TEA ROSE PL SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Markel, Jim 1801 Glengary Street Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, PAZDER 1225 HOLLY FERN LANE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Sutton, William 1801 Glengary Street Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REYNOLDS, PATRICIA 1217 HOLLY FERN LN SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPERMAN, KAREL 1379 TEA ROSE PL. SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDCHARDS, MAURICE 1210 HOLLY FERN LANE SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete	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"/> Delete	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 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 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 information.			
SIGNATURE: 		DATE <i>4/12/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>941-921-5393</i>	