



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90155 014 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # N98000005649</b><br>1. Entity Name<br><b>MANDARIN PARK HOMEOWNERS ASSOCIATION, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>PROGRESSIVE COMMUNITY MGMT INC.</b><br><b>1801 GLENGARY STREET</b><br><b>SARASOTA, FL 34231 US</b>   |   |  | Mailing Address<br><b>PROGRESSIVE COMMUNITY MGMT INC.</b><br><b>1801 GLENGARY STREET</b><br><b>SARASOTA, FL 34231 US</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt # etc<br><b>ALL FLORIDA SERVICES</b><br><b>2831 RINGLING BLVD., STE 218F</b><br><b>SARASOTA FL 34237-5334</b>   |   | 3. Mailing Address<br><br>Suite, Apt # etc<br><b>ALL FLORIDA SERVICES</b><br><b>2831 RINGLING BLVD., STE 218F</b><br><b>SARASOTA FL 34237-5334</b> |  |    |  |
| Zip Country<br>_____   |   | Zip Country<br>_____   |  | 01062006 Chg-NP CR2E037 (11/05)  |  |
| 4. FEI Number<br><b>65-0902881</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PROGRESSIVE COMMUNITY MGMT, INC</b><br><b>1801 GLENGARY STREET</b><br><b>SARASOTA, FL 34231</b>  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number)<br><b>ALL FLORIDA SERVICES</b><br><b>2831 RINGLING BLVD., STE 218F</b><br><b>SARASOTA FL 34237-5334</b><br>City <b>FL</b> 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 <u>Gerald Bishop Prop Mgr 2/20/06</u><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                             |  | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MUSCATELL, JOE<br>1359 TEA ROSE PL<br>SARASOTA, FL 34239        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2831 RINGLING BLVD., STE 218F<br>SARASOTA FL 34237-5334<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>PAZDER, THOMAS<br>1225 HOLLY FERN LANE<br>SARASOTA, FL 34239    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2831 RINGLING BLVD., STE 218F<br>SARASOTA FL 34237-5334<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>REYNOLDS, PATRICIA<br>1217 HOLLY FERN LN<br>SARASOTA, FL 34239 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>2831 RINGLING BLVD., STE 218F<br>SARASOTA FL 34237-5334<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>COOPERMAN, KAREL<br>1379 TEA ROSE PL.<br>SARASOTA, FL 34239      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D L. Fournier<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AS<br>MARKEL, JIM<br>1801 GLENGARY ST<br>SARASOTA, FL 34231           | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | M. Richards<br>2831 RINGLING BLVD., STE 218F<br>SARASOTA FL 34237-5334<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AT<br>SUTTON, WILLIAM<br>1801 GLENGARY ST<br>SARASOTA, FL 34231       | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Tom Pazder Tom PAZDER VD 2/22/06</u> <span style="float: right;">941 366 7464</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |  |  |