


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90286 048 \*\*\*\*61.25

**DOCUMENT # N98000006784**

1. Entity Name  
**SILVER OAK NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**7093 SOUTH TAMiami TRAIL  
 SARASOTA, FL 34231**

Mailing Address  
**7093 SOUTH TAMiami TRAIL  
 SARASOTA, FL 34231**



2. Principal Place of Business  
**PROGRESSIVE COMMUNITY MGMT, INC**

3. Mailing Address  
**PROGRESSIVE COMMUNITY MGMT, INC**

Suite, Apt. #, etc.  
**1801 GLENGARY STREET**

03282005 Chg-NP CR2E037 (10/03)

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

4. FEI Number  
**65-0919732**

Applied For  
 Not Applicable

Zip  
**34231**

Country  
**USA**

Zip  
**34231**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, GARY A  
 7093 SOUTH TAMiami TRAIL  
 SARASOTA, FL 34231**


7. Name and Address of New Registered Agent

Name  
**PROGRESSIVE COMMUNITY MANAGEMENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**1801 GLENGARY STREET**

City **SARASOTA** FL Zip Code **34231**

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  **Jim MARKEL** **4/15/05**

(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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 ROBERTS, GARY A 7093 SOUTH TAMiami TRAIL SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANNON, JOHN 7077 SOUTH TAMiami TRAIL SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSTON, TODD 3859 BEE RIDGE ROAD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, KAREN 3859 BEE RIDGE ROAD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARRIOTT, VIC 8938 WILDLIFE LOOP SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRILL, DAVID 8869 BLOOMFIELD BLVD. SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, KATHY 8998 WILDLIFE LOOP SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUELE, WERNER 8975 BLOOMFIELD BLVD. SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231 <input type="checkbox"/> Change <input checked="" 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 or empowered.

SIGNATURE:  **Jim MARKEL** **4/15/05** **941-921-5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #