2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #704766**

FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90011 047 ****61.25

NAME STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 TITLE VD ZETENA, AUDREY 849 WHITECAP CIRCLE #16 CITY-ST-ZIP VENICE, FL 34285 TITLE SD STAUDENMAYER, JOSEPH STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD STAUDENMAYER, JOSEPH STREET ADDRESS CITY-ST-ZIP TITLE TD LEHRMAN, BOB 848 WHITECAP CIR., #15 Change Addition Change Change Addition Change Chan	POINT W	HITECAP, INC.						
Suite, Apt. 6, etc. City & State Ci	PROGRESSIVE COMMUNITY MGMT., INC. PRO 1801 GLENGARY ST. 180		PROGRESSIVE COMMUN 1801 GLENGARY ST.	PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST.			HEN EKON BIJIN JOHN DIJIN O	Hillik ål (121
City & State Country City Cit	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Spin	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252008 Ch	ig-NP	CR2E037 (12/06)	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the o	City & State		City & State			8		· · · · · · · · · · · · · · · · · · ·
PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST. SARASOTA, FL 34231 City FL Zip Code	Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired		
PROGRESSIVE COMMUNITY MGMT., INC. 18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SPECIAL SECTION SECTI		6. Name and Address of Current	Registered Agent		7. Name and Addi	ress of New Re	gistered Agent	
Stroet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	DDOODEOOR/C COMMUNITY MONTH INC			Name				
B. 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	1801 GLENGARY ST.		NC.	Street Addre	ess (P.O. Box Number is N	lot Acceptable)		
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 Filting Foe is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD NAME STRET ADDRESS OTY-51-29 VENICE, FL 34285 TITLE SUD TITLE SUD ZETENA, AUDREY STRET ADDRESS OTY-51-29 VENICE, FL 34285 TITLE SUD TITLE SUD STRET ADDRESS OTY-51-29 VENICE, FL 34285 TITLE STRET ADDRESS OTY-51-29 VENICE, FL 34285 TITLE STRET ADDRESS OTY-51-29 VENICE, FL 34285 TITLE SUD Delete TITLE AS MARKEL, JIM SIRET ADDRESS SUP STRET ADD				City			FL Zip Co	de
SIGNATURE Signature Signa			or the purpose of changing its r	registered office or reg	sistered agent, or both, in	the State of Flori		n, and accept
Signature, hybrid or privated name of registered agent and title if applications NACTE: Registered Agent alegressive recurred when relevatively) DATE								
Trust Fund Contribution. Added to Fees Flortda Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent algnature rec	quired when reinstating)		DATE	<u>. </u>
TITLE NAME LITCHEL, LEE STREET ADDRESS R29 WHITECAP CIR., #6 STREET ADDRESS CITY-ST-ZP VENICE, FL 34285 TITLE VD Change Addition TITLE VD Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZP VENICE, FL 34285 TITLE SD CHANGE STREET ADDRESS CITY-ST-ZP VENICE, FL 34285 TITLE SD CHANGE STREET ADDRESS CITY-ST-ZP VENICE, FL 34285 TITLE NAME STREET ADDRESS CITY-ST-ZP VENICE, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZP VENICE, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZP CHANGE STREET ADDRESS CITY-ST-ZP CHANGE STREET ADDRESS CITY-ST-ZP STREET ADDRESS CIT								
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MAME ZETENA, AUDREY Addition MAME STREET AUDRESS CITY-ST-ZIP	10	Due by May 1, 2008	Trust Fund Co	ontribution.	Added to Fees	Floric	da Department of S	State
NAME STREET ADDRESS 664 WHITECAP CIR., #23 VENICE, FL 34285 TITLE TD NAME LEHRMAN, BOB STREET ADDRESS CITY-ST-ZIP TITLE AS NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE AS NAME STREET ADDRESS CITY-ST-ZIP TITLE AT Delete TITLE AT Delete TITLE AT Delete STREET ADDRESS STREET A	TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD LITCHEL, LEE 829 WHITECAP CIR., #6	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHANGE	Floric S TO OFFICER	S AND DIRECTORS I	State N 10
NAME STREET ADDRESS RAW WHITE CAP CIR., #15 STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TITLE NAME MARKEL, JIM STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITLE AT SUTTON, BILL STREET ADDRESS 1801 GLENGARY STREET SUTTON, BILL STREET ADDRESS 1801 GLENGARY STREET SUTTON, BILL STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD LITCHEL, LEE 829 WHITECAP CIR., #6 VENICE, FL 34285 VD ZETENA, AUDREY 849 WHITECAP CIRCLE #16	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees ADDITIONS/CHANGE	Floric S TO OFFICER	da Department of S S AND DIRECTORS I ☐ Change CLE, #4 8 S	N 10 Addition
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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 certify that I am an officer or director.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND DIE PD LITCHEL, LEE 829 WHITECAP CIR., #6 VENICE, FL 34285 VD ZETENA, AUDREY 849 WHITECAP CIRCLE #16 VENICE, FL 34285 SD STAUDENMAYER, JOSEPH 864 WHITECAP CIR., #23 VENICE, FL 34285 TD LEHRMAN, BOB 848 WHITECAP CIR., #15 VENICE, FL 34285 AS MARKEL, JIM 1801 GLENGARY STREET	Trust Fund Co	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE	Floric S TO OFFICER	S AND DIRECTORS I Change CLE, #4 S S Change	N 10 Addition Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; 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 life empowered.

SIGNATURE: