

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704766

FILED
Feb 26, 2010
Secretary of State

Entity Name: POINT WHITECAP, INC.

Current Principal Place of Business:

PROGRESSIVE COMMUNITY MGMT., INC.
1801 GLENGARY STREET - FL. 1
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

PROGRESSIVE COMMUNITY MGMT., INC.
1801 GLENGARY STREET - FL. 1
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-1052378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROGRESSIVE COMMUNITY MGMT., INC.
1801 GLENGARY STREET - FL. 1
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ARNOLD, KIM
Address: 825 WHITECAP CIRCLE #4
City-St-Zip: VENICE, FL 34285

Title: VPD
Name: LICHTLE, LEE
Address: 8468 WHITECAP CIRCLE #6
City-St-Zip: VENICE, FL 34285

Title: SD
Name: STAUDENMAYER, JOSEPH
Address: 864 WHITECAP CIRCLE #23
City-St-Zip: VENICE, FL 34285

Title: TD
Name: LEHRMAN, BOB
Address: 848 WHITECAP CIRCLE #15
City-St-Zip: VENICE, FL 34285

Title: AS
Name: MARKEL, JIM
Address: 1801 GLENGARY STREET - FL. 1
City-St-Zip: SARASOTA, FL 34231

Title: AT
Name: SUTTON, BILL
Address: 1801 GLENGARY STREET - FL. 1
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIM MARKEL

AS

02/26/2010

Electronic Signature of Signing Officer or Director

_____ Date