


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90197 035 \*\*\*\*61.25

<b>DOCUMENT # 708721</b> 1. Entity Name <b>SARASOTA HARBOUR EAST APARTMENTS, INC.</b>					
Principal Place of Business <b>PROGRESSIVE COMMUNITY MGMT., INC.</b> <b>1801 GLENGARY ST.</b> <b>SARASOTA, FL 34231 US</b>			Mailing Address <b>PROGRESSIVE COMMUNITY MGMT., INC.</b> <b>1801 GLENGARY ST.</b> <b>SARASOTA, FL 34231 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1149543</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PROGRESSIVE COMMUNITY MGMT., INC.</b> <b>1801 GLENGARY ST</b> <b>SARASOTA, FL 34231</b>				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to 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 <b>DIMAS, THOMAS</b> <b>777 JOHN RINGLING BLVD, # H 34</b> <b>SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YPD <b>SCHNARR, JANICE</b> <b>777 JOHN RINGLING BLVD, # H21</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>LAING, RONALD</b> <b>769 JOHN RINGLING BLVD, # E 23</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>WHITE, JOHN</b> <b>771 JOHN RINGLING BLVD, # F 32</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>MARKEL, JOHN</b> <b>1801 GLENGARY ST.</b> <b>SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARKEL, JIM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>HANSON, DAVID</b> <b>775 JOHN RINGLING BLVD, # 627</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>SUTTON, WILLIAM</b> <b>1801 GLENGARY ST.</b> <b>SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ <b>Jim MARKEL</b> <b>4/20/07</b> <b>941-921-5393</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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