
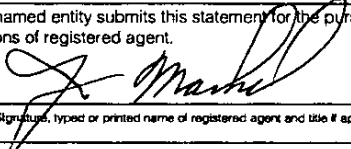
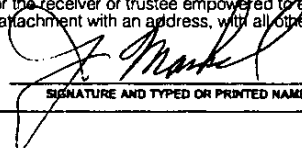


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90018 003 ****61.25

DOCUMENT # 721169 1. Entity Name CIRCLE WOODS OWNERS ASSOCIATION, INC. OF VENICE			
Principal Place of Business 700 CIRCLEWOOD DRIVE, THE CLUBHOUSE VENICE, FL 34293		Mailing Address 700 CIRCLEWOOD DRIVE, THE CLUBHOUSE VENICE, FL 34293	
2. Principal Place of Business - No P.O. Box # PROGRESSIVE COMMUNITY MGMT, INC Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA FL Zip Country 34231 USA		3. Mailing Address PROGRESSIVE COMMUNITY MGMT, INC Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA FL Zip Country 34231 USA	
4. FEI Number 59-1577217		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PREY, ROBERT 362 CIRCLEWOOD DRIVE VENICE, FL 34293		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 4/10/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREY, ROBERT 362 CIRCLEWOOD DR VENICE, FL 34293	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUPPE, TILIO 329 CIRCLE WOOD DR VENICE, FL 34293	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIAMBO, JOSEPH 332 CIRCLEWOOD DR VENICE, FL 34293	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITT, ROBERT 369 CIRCLE WOOD DR VENICE, FL 34293	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Delete	<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"/> Delete	<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 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: 		Jim MARKEL 4/10/07 941-921-5393 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	