

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721813

FILED
Mar 05, 2010
Secretary of State

Entity Name: FOREST PINES ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1685026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROGRESSEIVE 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: LEACH, ROGER
Address: 3727 COLLINS STREET
City-St-Zip: SARASOTA, FL 34232

Title: VPD
Name: SOLOMON, KEITH
Address: 3703 COLLINS STREET
City-St-Zip: SARASOTA, FL 34232

Title: SD
Name: MILLER, MELTON
Address: 1328 GLENDALE CIRCLE E
City-St-Zip: SARASOTA, FL 34232

Title: TD
Name: TYSON, ESTHER V
Address: 1608 WHITEHEAD DRIVE
City-St-Zip: SARASOTA, FL 34232

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

Title: AT
Name: SUTTON, WILLIAM
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

03/05/2010

Electronic Signature of Signing Officer or Director

_____ Date