
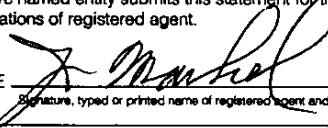
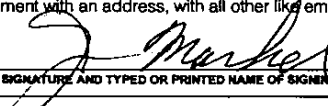


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90011 010 ****61.25

DOCUMENT # 722230 1. Entity Name VALENCIA ON THE GULF, INC.					
Principal Place of Business PROGRESSIVE COMM MGMT INC 1810 GLENGARY ST SARASOTA, FL 34231			Mailing Address PROGRESSIVE COMM MGMT INC 1810 GLENGARY ST SARASOTA, FL 34231		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 1801 GLENGARY STREET			Suite, Apt. #, etc. 1801 GLENGARY STREET		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 59-1431540	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PROGRESSIVE COMM MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 3/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STABILE, LOUIS <input type="checkbox"/> Delete 629 ALHAMBRA RD APT 90N VENICE, FL 34285				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MASSOLIO, DON <input type="checkbox"/> Delete 629 ALHAMBRA RD APT 704N VENICE, FL 34285				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABOM, CAROLE <input checked="" type="checkbox"/> Delete 631 ALHAMBRA RD APT 1102S VENICE, FL 34285				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM <input type="checkbox"/> Delete 1801 GLENGARY ST SARASOTA, FL 34231				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM <input type="checkbox"/> Delete 1801 GLENGARY ST SARASOTA, FL 34231				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERTTEL, EDNA <input type="checkbox"/> Delete 627 ALHAMBRA 1002-E VENICE, FL 34285				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVENPORT, LAVINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 631 ALHAMBRA RD, #203S VENICE, FL 34285				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 3/13/08 941-921-5393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					