


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90220 005 \*\*\*\*61.25

<b>DOCUMENT # 726366</b> 1. Entity Name <b>JETTY VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business 1801 GLENGARY ST. SARASOTA, FL 34231-0603				Mailing Address 1801 GLENGARY ST. SARASOTA, FL 34231-0603	
2. Principal Place of Business <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. 1801 Glengary Street City & State Sarasota FL Zip 34231 Country USA				3. Mailing Address <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. 1801 Glengary Street City & State Sarasota FL Zip 34231 Country USA	
01232004 Chg-NP CR2E037 (10/03)				4. FEI Number 59-1567412	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY ST. SARASOTA, FL 34231			7. Name and Address of New Registered Agent  Name <i>Progressive Community Management, Inc</i> 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 <i>Jim Markel</i> <span style="float: right;">4/15/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JONES, NANCY O 1585 TARPON CENTER DR UNIT #14 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD Tosques, Mary Lou 1585 Tarpon Center Drive, Unit #27 Venice, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SHANLEY, DOUGLAS M 5271 ASHLEY PARKWAY SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WIGGINS, L. FRANK 1585 TARPON CENTER DR UNIT #5 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD Moore, Linda 1585 Tarpon Center Drive, Unit #6 Venice, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS CLARK, P. RICHARD 1801 GLENGARY STREET SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS markel, Jim 1801 Glengary Street Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CHMIELEWSKI, MR. STANLEY R 2122 MUSKOGEE TRAIL NOKOMIS, FL 34275	<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	AT NESMITH, MS. SUE F 1585 TARPON CENTER DRIVE, UNIT #21 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	AT Sutton, William 1801 Glengary Street Sarasota, FL 34231	<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 exemption stated in Section 119.07(3)(i), 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 fees empowered.					
SIGNATURE: <i>Jim Markel</i> <span style="float: right;">4/15/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<span style="float: right;">941-921-5393</span>					