

# 2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2007 90017 041 \*\*\*\*61.25

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01162007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 747256</b> 1. Entity Name <b>TERRACE EAST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231</b>			Mailing Address <b>PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231</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>59-1462463</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 1801 GLENGARY STREET SARASOTA, FL 34231-0603</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>	
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 _____ <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 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	<b>SD SORENSON, INGEBORG</b> <input checked="" type="checkbox"/> Delete <b>5300 OCEAN BLVD # 501</b> <b>SARASOTA, FL 34242</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ST CLAIR, MICHAEL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5300 OCEAN BLVD, # 202</b> <b>SARASOTA, FL 34242</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MOBERG, DONALD R</b> <input type="checkbox"/> Delete <b>5300 OCEAN BLVD #803</b> <b>SARASOTA, FL 34242</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VAN ROEKENS, PETER</b> <input type="checkbox"/> Delete <b>5300 OCEAN BLVD # 201</b> <b>SARASOTA, FL 34242</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SHIMER, JOHN</b> <input type="checkbox"/> Delete <b>5300 OCEAN BLVD #1103</b> <b>SARASOTA, FL 34242</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MARKEL, JIM</b> <input type="checkbox"/> Delete <b>1801 GLENGARY STREET</b> <b>SARASOTA, FL 34231</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT SUTTON, WILLIAM</b> <input type="checkbox"/> Delete <b>1801 GLENGARY ST</b> <b>SARASOTA, FL 34231</b>		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.					
<b>SIGNATURE:</b> <b>Jim MARKEL</b> <span style="float: right;"><b>4/10/07 941-921-5393</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					