

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-17-2008 90011 043 ****61.25

DOCUMENT # 755687

1. Entity Name
OAKWOOD GARDENS OWNERS ASSOCIATION, INC.



Principal Place of Business
**PROGRESSIVE COMMUNITY MGMT
1801 GLEN GARY ST
SARASOTA, FL 34231**

Mailing Address
**PROGRESSIVE COMMUNITY MGMT
1801 GLEN GARY ST
SARASOTA, FL 34231**

40046632



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2553863

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROGRESSIVE COMMUNITY MGMT, INC
1801 GLENGARY STREET
SARASOTA, FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☒ Delete
NAME SIEGEL, AVRUM
STREET ADDRESS 4035 SCHOOL AVE S, # A-1
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VPD ☐ Change ☒ Addition
NAME ISCHINGER, MONICA
STREET ADDRESS 4035 SCHOOL AVE S, # D-9
CITY-ST-ZIP SARASOTA, FL 34231

TITLE STD ☐ Delete
NAME SCHNEIDER, PATRICIA
STREET ADDRESS 4035 SCHOOL AVE S, # D-10
CITY-ST-ZIP SARASOTA, FL 34231

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MAZZOTTA, ELLEN
STREET ADDRESS 4035 SCHOOL AVE S, # A-4
CITY-ST-ZIP SARASOTA, FL 34231

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition
NAME MARKEL, JIM
STREET ADDRESS 1801 GLENGARY STREET
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Change ☒ Addition
NAME SUTTON, WILLIAM
STREET ADDRESS 1801 GLENGARY STREET
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MARKEL 3/13/08 941-921-5393

Date

Daytime Phone #