

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90086 008 ****61.25

DOCUMENT # 759636

1. Entity Name
VILLAGE GREEN CONDOMINIUM, SECTION FIFTEEN, INC.



40075217

Principal Place of Business
**3625 SOMERVILLE DRIVE
 SARASOTA, FL 34232**

Mailing Address
**3625 SOMERVILLE DRIVE
 SARASOTA, FL 34232**



2. Principal Place of Business - No P.O. Box #
PROGRESSIVE COMMUNITY MGMT, INC

3. Mailing Address
PROGRESSIVE COMMUNITY MGMT, INC

Suite, Apt. #, etc.
1801 GLENGARY STREET, FL. 1

03132008 Chg-NP CR2E037 (12/06)

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34231

Country
USA

4. FEI Number
59-1514706

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MINKS, JOAN
 3625 SOMERVILLE DR
 SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

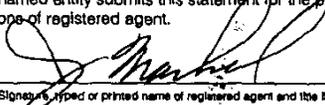
Name
PROGRESSIVE COMMUNITY MANAGEMENT, INC

Street Address (P.O. Box Number is Not Acceptable)
1801 GLENGARY STREET, FLOOR 1

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  **JIM MARKEL** **4/18/08**

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

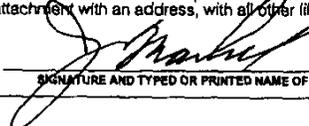
10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WAITE, SHIRLEY	
STREET ADDRESS	3772 AMESBURY LN	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIERNEY, CAROLINA	
STREET ADDRESS	3090 RIVERA DR.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SIEVERS, W D	
STREET ADDRESS	3737 SOMERVILLE DR	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELANY, EDWARD	
STREET ADDRESS	3609 SOMERVILLE DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOBERUNG, PENELOPE	
STREET ADDRESS	3638 AHESBURYHN	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, ROBERT	
STREET ADDRESS	3945 SOMERVILLE DR	
CITY-ST-ZIP	SARASOTA, FL 34232	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, JOHN	
STREET ADDRESS	3665 SOMERVILLE DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKEL, JIM	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, WILLIAM	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  **JIM MARKEL** **4/18/08** **941-921-5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #