

761706

**Progressive**  
**PCM** **Community**  
**Management, Inc. AAMC®**

An Accredited Association Management Company  
Member - Community Associations Institute

1801 Glengary Street  
Sarasota, Florida 34231

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

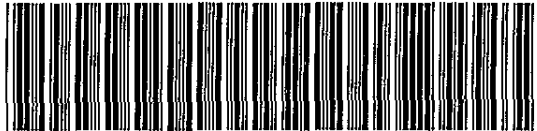
(Business Entity Name)

(Document Number)

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OK R A

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 752 Palm Associates, Inc.  
2. The principal office address: 1801 Glengary Street  
Sarasota, FL 34231  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/03/1982 Document number: 761706

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Hart, James W. Jr., Sentry Management, Inc.

2180 W. State Road 434, Ste 5000,

Longwood, FL 32779

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Progressive Community Management, Inc.

1801 Glengary Street

(P.O. Box NOT acceptable)

Sarasota, FL 34231

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William Sutton  
(Signature of an officer or director)

William Sutton, Assistant Treasurer

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jim Markel  
(Signature of Registered Agent)

ACCOUNT 7500  
AMOUNT 35.00  
(Date)

If signing on behalf of an entity:

VERIFIED / APPROVED W

DESC (28 CHARS.) Change Regi- &nd Agent

Jim Markel  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314