2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

DOCLI							
1. Entity Nam	MENT #761706 associates, inc.				04-20-200	06 90180 021 ****61	.25
Principal Place of Business 1801 GLENGARY ST. SARASOTA, FL 34231		Mailing Address 1801 GLENGARY ST. SARASOTA, FL 34231		1816	11 I THIN BY AND LITER LITER OF	Itab diri sirii didii dorii sirii dirii dii	11 CO 1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		020320	006 Chg-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI N 59-	tumber 2377665	- 1	plied For at Applicable
Zip	Country	Zip	Country	5. Certif	icate of Status Desir	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent		7. Name	and Address of N	ew Registered Agent	
PROGRES	SIVE COMMUNITY MANAGE		Name				
1801 GLENGARY ST. SARASOTA, FL 34231			Street A	ddress (P.O. Box N	lumber is Not Accep	otable)	
			City			FL Zip Cod	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or	registered agent,	or both, in the State	of Florida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title II applicable. (NOTE: F	Registered Agent signes.	re required when reinstati	ng)	DATE	
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Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		May Be Fees	Make check payable t Florida Department of S	
10.	OFFICERS AND DI						
TTD C		RECTORS	11.	ADDITION	S/CHANGES TO OF	FICERS AND DIRECTORS IN	l 10
name Street address	PD AULT, SUE 755 PALM AVE #501	RECTORS	11. TITLE NAME STREET ADDRESS	≺ ▷		Channe	The Artelition
	AULT, SUE 755 PALM AVE #501 SARASOTA, FL 34236	☐ Delete	TITLE NAME	50 WILD, 1 755 5. SARAS	-AWRENC PALM	Change AVENUE, #6 L 34236	Addition O 3
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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 tike empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIMMARKEL 4/17/06 941-921-5393