

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90115 013 ****61.25

DOCUMENT # 767746

1. Entity Name
**SOUTH GATE VILLAGE GREEN CONDOMINIUM,
SECTION SEVEN ASSOCIATION, INC.**



Principal Place of Business
**PROGRESSIVE COMMUNITY MGMT, INC
1801 GLENGARY STREET
SARASOTA, FL 34231-0603**

Mailing Address
**PROGRESSIVE COMMUNITY MGMT, INC
1801 GLENGARY STREET
SARASOTA, FL 34231-0603**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-6248349

Applied For
Not Applicable

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, 2007**

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 **VD** ☐ Delete
NAME **GLICKMAN, JOSEPH**
STREET ADDRESS **3293 BROCKTON LANE**
CITY-STATE-ZIP **SARASOTA, FL 34239**

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

TITLE **AS** ☐ Delete
NAME **MARKEL, JIM**
STREET ADDRESS **1801 GLENGARY STR**
CITY-STATE-ZIP **SARASOTA, FL 34231**

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

TITLE **AT** ☐ Delete
NAME **SUTTON, WILLIAM**
STREET ADDRESS **1801 GLENGARY STREET**
CITY-STATE-ZIP **SARASOTA, FL 34231**

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

TITLE **PD** ☐ Delete
NAME **HOPKINS, DUFF**
STREET ADDRESS **3215 BROCKTON LANE**
CITY-STATE-ZIP **SARASOTA, FL 34239**

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

TITLE **SD** ☒ Delete
NAME **PHILLIPS, PAULINE**
STREET ADDRESS **3286 BRUNSWICK LN**
CITY-STATE-ZIP **SARASOTA, FL 34239**

TITLE **SD** ☐ Change ☒ Addition
NAME **DAVIDSON, ARTHUR**
STREET ADDRESS **3210 BRUNSWICK LANE**
CITY-STATE-ZIP **SARASOTA, FL 34239**

TITLE **TD** ☐ Delete
NAME **VAJTA, ANN**
STREET ADDRESS **3235 BROCKTON AVENUE**
CITY-STATE-ZIP **SARASOTA, FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

4/20/07 941-921-5323
Date Daytime Phone #