## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #767746**

1. Entity Name

SOUTH GATE VILLAGE GREEN CONDOMINIUM, SECTION SEVEN ASSOCIATION, INC.



4000--

**FILED** 

Apr 01, 2008 8:00 am Secretary of State

04-01-2008 90006 007 \*\*\*\*61.25

Principal Place of Business PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY STREET

Mailing Address

PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY STREET

SARASUTA,	11 34231-0003	341013	WIA, FL 34231							
2. Principal Place of Business - No P.O. Box #		3. Mailir	3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			01252008	Chg-NP	CR2E	37 (12/06)	
City & State		City	City & State			4. FEI Number 59-624			<del></del>	pplied For lot Applicable
Zip	Country	Zip		Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Ad Fee Require	
	6. Name and Address of Curre	nt Registered	Agent			7. Name and	Address of Nev	w Registered	Agent	
				Na	ame					
PROGRESSIVE COMMUNITY MGMT, INC			Street Address		(C.O. Boy Number	. In Blat Annual	- Lai			
1801 GLENGARY STREET SARASOTA, FL 34231			Street		reel Address	(P.O. BOX NUMBE	I IS NOT ACCEDIS	iDie)		
SARASU	IA, FL 34231									
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]				Cit	ty			FI	Zip Coo	je
	e named entity submits this statement ations of registered agent.	t for the purpor	se of changing its	registered off	fice or registe	ered agent, or bot	h, in the State of	Florida. 1 am	n familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title il applic	seble (NOT	E: Bacistand & san		nd when reinstating)		DATE		
			. (15.	E registered Agen	n eschutzrich sectrose	,		D		
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10.	Filing Fee is \$61.25		9. Election Car Trust Fund (	mpaign Financ Contribution.	cing	\$5.00 May B	F	Make chec lorida Depa	IRECTORS I	State N 10
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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, like empowered.

TILE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

CITY-ST-71P

TD

VAJTA, ANN

STREET ADDRESS 3235 BROCKTON AVENUE

SARASOTA, FL 34239

IGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF

☐ Delete

Change

☐ Addition