

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90011 042 ****61.25

DOCUMENT # 770054

1. Entity Name
**THE MEDICAL CENTER OF SARASOTA CONDOMINIUM
ASSOCIATION, INC.**



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

Mailing Address
**PROGRESSIVE COMMUNITY MGMT. INC
1801 GLENGARY STREET
SARASOTA, FL 34231 US**

40046633



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

01242008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2494724

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FLEENER, CAROLA DR
STREET ADDRESS 3920 BEE RIDGE RD, BLDG A, STE C
CITY-ST-ZIP SARASOTA, FL 34233

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

TITLE VD ☐ Delete
NAME SILKES, ELLEN DR
STREET ADDRESS 3920 BEE RIDGE RD, BLDG C, STE B
CITY-ST-ZIP SARASOTA, FL 34233

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

TITLE TD ☐ Delete
NAME HURVITZ, LAWRENCE M DR
STREET ADDRESS 3920 BEE RIDGE RD, BLDG F, STE B
CITY-ST-ZIP SARASOTA, FL 34233

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

TITLE SD ☒ Delete
NAME FUCHS, HOWARD DR
STREET ADDRESS 3920 BEE RIDGE RD, BLDG B, STE A
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ☐ Change ☒ Addition
NAME **D GATELL, GUSTANO**
STREET ADDRESS **3920 BEE RIDGE ROAD, BLDG B, STE C**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE AS ☐ Delete
NAME MARKEL, JIM
STREET ADDRESS 1801 GLENGARY ST.
CITY-ST-ZIP SARASOTA, FL 34231

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MARKEL

3/13/08

941-921-5393

Date

Daytime Phone #