
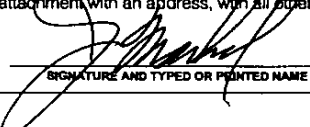


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90007 027 \*\*\*\*61.25

<b>DOCUMENT # N00000006676</b>					
1. Entity Name GRAND OAK AT TARA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLEN GARY ST. SARASOTA, FL 34231			Mailing Address PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLEN GARY ST. SARASOTA, FL 34231		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3718324	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, JACK		NAME	SPIELBERG SUSAN	
STREET ADDRESS	6318 GRAND OAK CIR 104		STREET ADDRESS	6318 GRAND OAK CIRCLE, #101	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTO, CINDY		NAME	LOESS, KATHLEEN	
STREET ADDRESS	6310 GRAND OAK CIR 101		STREET ADDRESS	6358 GRAND OAK CIRCLE, #206	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK, RAYMOND		NAME	MORALES, JOSE	
STREET ADDRESS	6326 GRAND OAK CIR., #101		STREET ADDRESS	6350 GRAND OAK CIRCLE, #104	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKEL, JIM		NAME	CRITELLI, MARGARET	
STREET ADDRESS	1801 GLENGARY ST.		STREET ADDRESS	6358 GRAND OAK CIRCLE, #106	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, WILLIAM		NAME		
STREET ADDRESS	1801 GLENGARY ST.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBHAN, JOSEPH		NAME		
STREET ADDRESS	6334 GRAND OAK CIR 102		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		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: 		Jim MARKEL 3/28/08 941-921-5393			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	