

FILED
May 01, 2007 8:00 am
Secretary of State

DOCUMENT # N00000007961



Mailing Address
1801 GLENGARY ST
SARASOTA, FL 34231

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zid

Country

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1085165

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 MANAGEMENT, INC.
1801 GLENGARY ST
SARASOTA, FL 34231

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

El	Zip Code
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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
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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	PD	<input type="checkbox"/> Delete
NAME	TRAVIS, RALPH	
STREET ADDRESS	294 HIDDEN BAY DR #103	
CITY - ST - ZIP	OSPREY, FL 34229	

TITLE	VD	 Delete
NAME	BACKES, JAMES	
STREET ADDRESS	293 HIDDEN BAY DR #102	
CITY - ST - ZIP	OSPREY, FL 34229	

TITLE	STD	<input checked="" type="checkbox"/> Deleted
NAME	THOMAS, JERRY	
STREET ADDRESS	294 HIDDEN BAY DR #102	
CITY - ST - ZIP	OSPREY, FL 34229	

TITLE	AT	<input type="checkbox"/> Delete
NAME	MARKEL, JIM	
STREET ADDRESS	1801 GLENGARY ST	
CITY - ST - ZIP	SARASOTA, FL 34231	

TITLE	AS	<input type="checkbox"/> Delete
NAME	SUTTON, WILLIAM	
STREET ADDRESS	1801 GLENGARY ST	
CITY- ST- ZIP	SARASOTA, FL 34231	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DALTON, JOHN		
STREET ADDRESS	294 HIDDEN BAY DR, #101		
CITY-ST-ZIP	OSPREY FL 34229		

TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLAW, JOHN		
STREET ADDRESS	293 HIDDEN BAY DR, #103		
CITY-ST-ZIP	ASPERU FL 34778		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MARKEL 4/20/07 941-921-5393