

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90181 022 \*\*\*\*61.25

**DOCUMENT # N00152**

1. Entity Name  
**HUDSON HARBOUR 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**

40034433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2501857**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 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, 2006**

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 **D** ☐ Delete  
NAME **LONG, ANNE**  
STREET ADDRESS **800 HUDSON AVE, #208**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **TD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **TORTORICE, LINDA**  
STREET ADDRESS **800 HUDSON AVE, #301**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **SD** ☐ Change ☒ Addition  
NAME **BENNETT, LES**  
STREET ADDRESS **800 HUDSON AVE, #102**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VD** ☐ Delete  
NAME **CAUFIELD, JEFF**  
STREET ADDRESS **800 HUDSON AVE, #108**  
CITY-ST-ZIP **SARASOTA, FL 34236**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**4/17/06**

**941-921-5393**

Date

Daytime Phone #