

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2007 90022 008 \*\*\*\*61.25

<b>DOCUMENT # N01000000836</b>					
<b>1. Entity Name</b> FRANCES CARLTON CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1221 N PALM AVE SARASOTA, FL 34236			<b>Mailing Address</b> 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228		
<b>2. Principal Place of Business - No P.O. Box #</b> PROGRESSIVE COMMUNITY MGMT, INC Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA, FL Zip 34231 Country USA		<b>3. Mailing Address</b> PROGRESSIVE COMMUNITY MGMT, INC Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA, FL Zip 34231 Country USA			
<b>4. FEI Number</b> 65-1079809		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD., STE 200 LONGBOAT KEY, FL 34228			<b>7. Name and Address of New Registered Agent</b> Name PROGRESSIVE COMMUNITY MANAGEMENT, INC Street Address (P.O. Box Number is Not Acceptable) 1801 GLENGARY STREET City SARASOTA FL Zip Code 34231		
<b>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.</b>					
SIGNATURE <b>Jim MARKEL</b> <b>4/20/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> VP <b>NAME</b> MCINNIS, BRIAN <b>STREET ADDRESS</b> 404 S OSPREY AVE <b>CITY-ST-ZIP</b> SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> PDT <b>NAME</b> NORRIS, JAMES W <b>STREET ADDRESS</b> 3509 MISTLETOE LN <b>CITY-ST-ZIP</b> LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> RAHTJE, JUDY <b>STREET ADDRESS</b> 1221 N. PALM AVE., #103 <b>CITY-ST-ZIP</b> SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> THOMPSON, PATTI <b>STREET ADDRESS</b> 1221 N PALM AVE # 101 <b>CITY-ST-ZIP</b> SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> PD <b>NAME</b> WISENER, CHERYL <b>STREET ADDRESS</b> 1221 NORTH PALM AVE, #205 <b>CITY-ST-ZIP</b> SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> VPD <b>NAME</b> REID, LUCIA <b>STREET ADDRESS</b> 1221 NORTH PALM AVE, #105 <b>CITY-ST-ZIP</b> SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> SD <b>NAME</b> RAVEN, SUSAN <b>STREET ADDRESS</b> 1221 NORTH PALM AVE, #104 <b>CITY-ST-ZIP</b> SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> ROY, PAULA <b>STREET ADDRESS</b> 1221 NORTH PALM AVE, #304 <b>CITY-ST-ZIP</b> SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> AS <b>NAME</b> MARKEL, JIM <b>STREET ADDRESS</b> 1801 GLENGARY STREET <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> AT <b>NAME</b> SUTTON, WILLIAM <b>STREET ADDRESS</b> 1801 GLENGARY STREET <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
SIGNATURE: <b>Jim MARKEL</b> <b>4/20/07</b> <b>941-921-5393</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					