
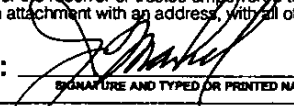


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-01-2008 90007 021 ****61.25

DOCUMENT # N01000007899			
1. Entity Name ENCLAVE AT SILVER OAK NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY STREET SARASOTA, FL 34231		Mailing Address PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY STREET 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	
Zip	Country	Zip	Country
4. FEI Number 81-0659441		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="text-align: right;">FL Zip Code</div>	
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 reissuing) 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 PD NAME DAMALAK, AL <input checked="" type="checkbox"/> Delete STREET ADDRESS 8889 ENCLAVE COURT CITY-ST-ZIP SARASOTA, FL 34238	TITLE VD NAME STEVENSON, KEVIN <input type="checkbox"/> Delete STREET ADDRESS 8808 ENCLAVE COURT CITY-ST-ZIP SARASOTA, FL 34238	TITLE VPD NAME STILL DIANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 8816 ENCLAVE COURT CITY-ST-ZIP SARASOTA, FL 34238	TITLE PD NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME GLUMENSON, ALICE <input type="checkbox"/> Delete STREET ADDRESS 8873 ENCLAVE COURT CITY-ST-ZIP SARASOTA, FL 34238	TITLE TD NAME LAKE, HOWARD <input type="checkbox"/> Delete STREET ADDRESS 8849 ENCLAVE COURT CITY-ST-ZIP SARASOTA, FL 34238	TITLE AS NAME MARKEL, JIM <input type="checkbox"/> Delete STREET ADDRESS 1801 GLENGARY STREET CITY-ST-ZIP SARASOTA, FL 34231	TITLE AT NAME SUTTON, WILLIAM <input type="checkbox"/> Delete STREET ADDRESS 1801 GLENGARY STREET CITY-ST-ZIP SARASOTA, FL 34231
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>Date Daytime Phone #</small>	