FILED
May 02, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004361

1. Entity Name
EDEN HARBOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PROGRESSIVE COMMUNITY MGMT. INC. 1801 GLENGARY STREET SARASOTA, FL 34231	PROGRESSIVE COMMUNITY MGMT. INC. 1801 GLENGARY STREET SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
32-0052622
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PROGRESSIVE COMMUNITY MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA, FL 34231

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when changing)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000351547
05/02/05-80150-012 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUCHANAN, EDWARD
STREET ADDRESS	707 S WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VSD
NAME	TOSCH, JOHN E
STREET ADDRESS	707 S WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	TD
NAME	ROSA, SALVATORE
STREET ADDRESS	707 S WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AS
NAME	MARKEL, JIM
STREET ADDRESS	1801 GLENGARY STREET
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	AT
NAME	SUTTON, WILLIAM
STREET ADDRESS	1801 GLENGARY STREET
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 blanks like empowered.

SIGNATURE: Ed Buchanan 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #