

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90257 015 ****61.25

DOCUMENT # N02000004361

1. Entity Name
EDEN HARBOR HOMEOWNERS 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**

40077162



2. Principal Place of Business - No P.O. Box #
181 Center Rd
Suite, Apt. #, etc.

3. Mailing Address
181 Center Rd
Suite, Apt. #, etc.

03272007 Chg-NP CR2E037 (12/06)

City & State
Venice, FL

City & State
Venice, FL

4. FEI Number
32-0052622

Applied For
☐ Not Applicable

Zip
34285

Country
USA

Zip
34285

Country
USA

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**

7. Name and Address of New Registered Agent

Name **Argus Mgmt of Venice**

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

181 Center Rd

City **Venice**

FL

Zip Code **34285**

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

Barbara O'Neil

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULL, WILLIAM III 571 EDEN DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANUSKIEWICZ, EDWARD 502 EDEN DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOVANEK, MICHAEL 579 EDEN DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRISIM, TERRANCE J 573 EDEN DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kathleen Weber 230 EDEN DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer WILLIAM DAVIS 510 EDEN DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President ROBERT MORRIS 514 EDEN DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ROBIE GRIGG 518 EDEN DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MICHAEL GRIGG 522 EDEN DR ENGLEWOOD, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robie Grigg **Robie Grigg SEC**

4/20/07

9412223271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #