

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90180 001 ****61.25

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1. Entity Name
**LAKES EDGE AT DEEP CREEK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1501 SAN CRISTOBAL AVE.
PUNTA GORDA, FL 33983**

Mailing Address
**1501 SAN CRISTOBAL AVE.
PUNTA GORDA, FL 33983**

40054450



2. Principal Place of Business

PROGRESSIVE COMMUNITY MGMT
Suite, Apt. #, etc.

1801 GLENGARY STREET

City & State
SARASOTA FL

Zip
34231 Country
USA

3. Mailing Address

PROGRESSIVE COMMUNITY MGMT
Suite, Apt. #, etc.

1801 GLENGARY STREET

City & State
SARASOTA FL

Zip
34231 Country
USA

02242006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUNDERSON, MIKO P
1861 PLACIDA RD., STE. 204
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent

Name
PROGRESSIVE COMMUNITY MANAGEMENT INC.
Street Address (P.O. Box Number is Not Acceptable)
1801 GLENGARY STREET

City
SARASOTA FL Zip Code
34231

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 fee 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
WISE, JOHN
175 PORTLAND ST.
BOSTON, MA 021141717** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SCARBOROUGH, JEAN
175 PORTLAND ST.
BOSTON, MA 021141717** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CANDELMO, FAWN
1861 PLACIDA RD., STE. 204
ENGLEWOOD, FL 342234949** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STEVENS, DANIEL
1457 SAN CRISTOBAL AVE., #3205
PUNTA GORDA, FL 33983** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DORAN, BRUCE
1479 SAN CRISTOBAL AVE., #2201
PUNTA GORDA, FL 33983** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MCARTHY, JOHN
1501 SAN CRISTOBAL AVE., #1206
PUNTA GORDA, FL 33983** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
SUTTON, WILLIAM
1801 GLENGARY STREET
SARASOTA, FL 34231** ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MARKEL 4/17/06 941-921-5393

Date

Daytime Phone #