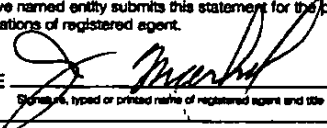


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

04-27-2006 90185 031 ****61.25

DOCUMENT # N05000006156 1. Entity Name PLAZA AT FIVE POINTS MASTER ASSOCIATION, INC.			
Principal Place of Business 50 CENTRAL AVE. SARASOTA, FL 34236		Mailing Address 50 CENTRAL AVE. SARASOTA, FL 34236	
2. Principal Place of Business PROGRESSIVE COMMUNITY MANAGEMENT, Inc. Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA FL Zip 34231		3. Mailing Address PROGRESSIVE COMMUNITY MGMT, Inc Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA FL Zip 34231	
4. FEI Number 51-0562983		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, CHERYL L. ESQ. 5551 RIDGEWOOD DR., STE. 501 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name PROGRESSIVE COMMUNITY MGMT, 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  Jim MARKEL DATE 4/24/06 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
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	D ☐ Delete FRANKLIN, BRUCE 149 COCONUT AVE. SARASOTA, FL 34236	TITLE	AS ☐ Change ☒ Addition MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ☐ Delete WILLIAMS, THOMAS 1058 N. TAMiami TRAIL SARASOTA, FL 34236	TITLE	AT ☐ Change ☒ Addition SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ☐ Delete DORR, ANDREW 1770 S. OVAL DR. SARASOTA, FL 34239	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 DATE 4/24/06 DAYTIME PHONE # 941-921-5393 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			