

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

04-27-2006 90185 030 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                                                                         |                                                                                                                                                                                                                             |                                                                     |                                                                              |
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| <b>DOCUMENT # N05000006201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                                                         |                                                                                                                                                                                                                             |                                                                     |                                                                              |
| <b>1. Entity Name</b><br>PLAZA AT FIVE POINTS RESIDENCES CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                         |                                                                                                                                                                                                                             |                                                                     |                                                                              |
| <b>Principal Place of Business</b><br>50 CENTRAL AVE<br>SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                         | <b>Mailing Address</b><br>50 CENTRAL AVE<br>SARASOTA, FL 34236                                                                                                                                                              |                                                                     |                                                                              |
| <b>2. Principal Place of Business</b><br>PROGRESSIVE COMMUNITY MGMT<br>Suite, Apt. #, etc.<br>1801 GLENGARY STREET<br>City & State<br>SARASOTA FL<br>Zip<br>34231<br>Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | <b>3. Mailing Address</b><br>PROGRESSIVE COMMUNITY MGMT<br>Suite, Apt. #, etc.<br>1801 GLENGARY STREET<br>City & State<br>SARASOTA FL<br>Zip<br>34231<br>Country<br>USA |                                                                                                                                                                                                                             |                                                                     |                                                                              |
| 02032006 Chg-NP CR2E037 (11/05)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | <b>4. FEI Number</b><br>51-0562984                                                                                                                                      |                                                                                                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable              |                                                                              |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                         |                                                                                                                                                                                                                             |                                                                     |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br>HASTINGS, CHERYL L<br>5551 RIDGEWOOD DR SUITE 501<br>NAPLES, FL 34108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                                                                         | <b>7. Name and Address of New Registered Agent</b><br>Name<br>PROGRESSIVE COMMUNITY MANAGEMENT, INC.<br>Street Address (P.O. Box Number is Not Acceptable)<br>1801 GLENGARY STREET<br>City<br>SARASOTA FL Zip Code<br>34231 |                                                                     |                                                                              |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                                                                                         |                                                                                                                                                                                                                             |                                                                     |                                                                              |
| SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | JIM MARKEL<br><small>(NOTE: Registered Agent signature required when releasing)</small>                                                                                 |                                                                                                                                                                                                                             | 4/17/06<br><small>DATE</small>                                      |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |                                                                                                                                                                                                                             | <b>Make check payable to</b><br><b>Florida Department of State</b>  |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                |                                                                     |                                                                              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>D</b><br>FRANKLIN, BRUCE<br>149 COCONUT AVE<br>SARASOTA, FL 34236       | <input type="checkbox"/> Delete                                                                                                                                         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                              | AS<br>MARKEL, JIM<br>1801 GLENGARY STREET<br>SARASOTA, FL 34231     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>D</b><br>WILLIAMS, THOMAS<br>1058 N TAMiami TRAIL<br>SARASOTA, FL 34236 | <input type="checkbox"/> Delete                                                                                                                                         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                              | AT<br>SUTTON, WILLIAM<br>1801 GLENGARY STREET<br>SARASOTA, FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>D</b><br>DORR, ANDREW<br>1425 MAIN STREET<br>SARASOTA, FL 34236         | <input type="checkbox"/> Delete                                                                                                                                         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                              |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | <input type="checkbox"/> Delete                                                                                                                                         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                              |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | <input type="checkbox"/> Delete                                                                                                                                         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                              |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |                                                                            |                                                                                                                                                                         |                                                                                                                                                                                                                             |                                                                     |                                                                              |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | JIM MARKEL 4/17/06 941-921-5393<br><small>Daytime Phone</small>                                                                                                         |                                                                                                                                                                                                                             |                                                                     |                                                                              |

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