


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90007 046 \*\*\*\*61.25

**DOCUMENT # N05000010700**

1. Entity Name  
**SIESTA POINTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1188 N. TAMiami TRAIL  
 SUITE 205  
 SARASOTA, FL 34236**

Mailing Address  
**1188 N. TAMiami TRAIL  
 SUITE 205  
 SARASOTA, FL 34236**



2. Principal Place of Business - No P.O. Box #  
**PROGRESSIVE COMMUNITY MGMT, INC**

3. Mailing Address  
**PROGRESSIVE COMMUNITY MGMT, INC**

Suite, Apt. #, etc.  
**1801 GLENGARY STREET**

City & State  
**SARASOTA, FL**

Zip  
**34231**

Country  
**USA**

01292008 Chg-NP CR2E037 (12/06)

4. FRI Number  
**77-0669484**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ICARD MERRILL CULLIS TIMM FUREN & GINSBURG  
 ATTN: STEPHEN D RESS  
 2033 MAIN STREET STE 600  
 SARASOTA, FL 34237**

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  **Jim MARKEL** **3/28/08**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	DP MOYNIHAN, JAMES M 1188 N. TAMiami TRAIL, SUITE 205 SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSS, ELLEN 1188 N. TAMiami TRAIL, SUITE 205 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WINFREE, ROB 4349 PINE MEADOW TERRACE SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CAMPBELL, KAREN 8921 DUVAL LANE SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLER, JR., CALVIN 8904 DUVAL LANE SARASOTA, FL 34263	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	<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:  **Jim MARKEL** **3/28/08** **941-921-5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #