

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90018 006 ****61.25

DOCUMENT # N06000009252

1. Entity Name
THE HAMMOCKS MASTER ASSOCIATION, INC.



Principal Place of Business
**1408 N WESTSHORE BLVD, SUITE 116
TAMPA, FL 33607**

Mailing Address
**1408 N WESTSHORE BLVD, SUITE 116
TAMPA, FL 33607**

40079441

2. Principal Place of Business - No P.O. Box #

PROGRESSIVE COMMUNITY MGMT, INC.

Suite, Apt. #, etc.
1801 GLENGARY STREET

City & State
SARASOTA, FL

Zip
34231

Country
USA

3. Mailing Address

PROGRESSIVE COMMUNITY MGMT, INC.

Suite, Apt. #, etc.
1801 GLENGARY STREET

City & State
SARASOTA, FL

Zip

Country

01252007

Chg-NP

CR2E037 (12/06)

4. FEI Number

45-0542224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MERRILL, RANDOLPH S
1408 N WESTSHORE BLVD, SUITE 116
TAMPA, FL 33607**

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

[Signature]

Jim MARKEL

4/10/07

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
**DP
MERRILL, RANDOLPH S
1408 N WESTSHORE BLVD, SUITE 116
TAMPA, FL 33607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPT
SAAD, STEWART M
1408 N WESTSHORE BLVD, SUITE 116
TAMPA, FL 33607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SAAD, SHARON H
1408 N WESTSHORE BLVD, SUITE 116
TAMPA, FL 33607** ☐ 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
**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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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]

Jim MARKEL

4/10/07

941-921-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #