


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90011 025 \*\*\*\*61.25

<b>DOCUMENT # N06000009252</b>	
1. Entity Name <b>THE HAMMOCKS MASTER ASSOCIATION, INC.</b>	

Principal Place of Business <b>PROGRESS COMM. MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231</b>	Mailing Address <b>PROGRESS COMM. MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231</b>
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**40046602**

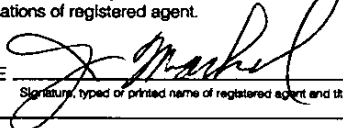
2. Principal Place of Business - No P.O. Box # <b>PROGRESSIVE COMMUNITY MGMT</b> Suite, Apt. #, etc. <b>1801 GLENGARY STREET - FLOOR 1</b> City & State <b>SARASOTA, FL</b> Zip <b>34231-3637</b> Country <b>USA</b>	3. Mailing Address <b>PROGRESSIVE COMMUNITY MGMT</b> Suite, Apt. #, etc. <b>1801 GLENGARY STREET - FLOOR 1</b> City & State <b>SARASOTA, FL</b> Zip <b>34231-3637</b> Country <b>USA</b>
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01242008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>45-0542224</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PROGRESS COMM MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231</b>	7. Name and Address of New Registered Agent Name <b>PROGRESSIVE COMMUNITY MANAGEMENT, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 GLENGARY STREET - FLOOR 1</b> City <b>SARASOTA</b> FL Zip Code <b>34231-3637</b>
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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 title if applicable.	<b>Jim MARKEL</b> <b>3/13/08</b> (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MERRILL, RANDOLPH S 1408 N WESTSHORE BLVD, SUITE 116 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT SAAD, STEWART M 1408 N WESTSHORE BLVD, SUITE 116 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SAAD, SHARON H 1408 N WESTSHORE BLVD, SUITE 116 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MARKEL, JIM 1801 GLENGARY ST SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT SUTTON, WILLIAM 1801 GLENGARY ST SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Jim MARKEL</b> <b>3/13/08</b> <b>941-921-5393</b> Date Daytime Phone #