


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

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90181 047 \*\*\*\*61.25

**DOCUMENT # N07783**

1. Entity Name  
**ALAMEDA ISLES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1 ALAMEDA GRANDE**  
**ENGLEWOOD, FL 34223 US**

Mailing Address  
**16 CHURCH ST**  
**OSPREY, FL 34229 US**

40054478

2. Principal Place of Business  
**PROGRESSIVE COMMUNITY MANAGEMENT**  
 Suite, Apt. #, etc.  
**1801 GLENGARY STREET**  
 City & State  
**SARASOTA, FL**  
 Zip  
**34231** Country  
**USA**

3. Mailing Address  
**PROGRESSIVE COMMUNITY MANAGEMENT**  
 Suite, Apt. #, etc.  
**1801 GLENGARY STREET**  
 City & State  
**SARASOTA, FL**  
 Zip  
**34231** Country  
**USA**



4. FEI Number  
**59-2294634** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NRESKIS, GARY**  
**ALAMEDA ISLES HOMEOWNERS**  
**16 CHURCH ST**  
**OSPREY, FL 34229**

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** (NOTE: Registered Agent signature required when reinstating)  
 DATE **4/17/06**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLNEY, FRED 5 S ESPLANADE ST ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GELDERLOOS, HAROLD 11 S. GRANADA PLAZA ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDRU, MARILYN 31 N. ESPLANADE ST. ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIMMER, ELSIE 9 DEL PRADO DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIESKES, GARY 56 S. BUENA VISTA AVE. ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCKX, BOB 1 DEL PRADO DR. ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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"/> 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: **JIM MARKEL** Date **4/17/06** Debit Phone # **941-921-5393**