2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90209 008 ****61.25

DOCUMENT # N13818

1. Entity Name
SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1801 GLENGARY STREET SARASOTA, FL 34231 US	1801 GLENGARY STREET SARASOTA, FL 34231 US

01162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2750637 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PROGRESSIVE COMMUNITY MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEACON, WILLIAM 5359 SARAPOINTE DRIVE SARASOTA, FL 34232	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRODNAX, SHARON 640 EASTPOINTE CT. SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRESSLEY, JOANNE 672 EASTPOINTE COURT SARASOTA, FL 34232	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAPERRIERE, TY 5384 SARAPOINTE CT. SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEDRICKS, ANTHONY 5375 SARAPOINTE DRIVE SARASOTA, FL 34232	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREAVES, WILLIAM 5378 SARAPOINTE DR. SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, STEVEN 5336 SARAPOINTE DRIVE SARASOTA, FL 34232	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THUMM, JOHN 5362 SARAPOINTE DR. SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANKS, ANDREW 5386 SARAPOINTE DRIVE SARASOTA, FL 34232	☒ Delete	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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	☐ 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: _____ Jim MARKEL 4/20/07 941-921-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #