

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-01-2008 90007 045 ****61.25

DOCUMENT #N13818

1. Entity Name
**SARASOTA EASTPOINTE HOMEOWNERS
ASSOCIATION, INC.**



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

Mailing Address
**1801 GLENGARY STREET
SARASOTA, FL 34231 US**

40056200



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2750637

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BRODNAX, SHARON
STREET ADDRESS 640 EASTPOINT CT.
CITY-ST-ZIP SARASOTA, FL 34232

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

TITLE VPD ☒ Delete
NAME LAPERRIERE, TY
STREET ADDRESS 5384 SARAPONTE CT.
CITY-ST-ZIP SARASOTA, FL 34232

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS NICHOLS, ALAN
CITY-ST-ZIP 5348 SARAPONTE DR.
SARASOTA, FL 34232

TITLE TD ☒ Delete
NAME GREAVES, WILLIAM
STREET ADDRESS 5375 SARAPONTE DRIVE
CITY-ST-ZIP SARASOTA, FL 34232

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS CLERKINS, JOHN
CITY-ST-ZIP 4160 FRUITVILLE ROAD
SARASOTA, FL 34232

TITLE SD ☐ Delete
NAME THUMM, JOHN
STREET ADDRESS 5362 SARAPONTE RD
CITY-ST-ZIP SARASOTA, FL 34232

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

TITLE AS ☐ Delete
NAME MARKEL, JIM
STREET ADDRESS 1801 GLENGARY STREET
CITY-ST-ZIP SARASOTA, FL 34232

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

TITLE AT ☐ Delete
NAME SUTTON, WILLIAM
STREET ADDRESS 1801 GLENGARY STREET
CITY-ST-ZIP SARASOTA, FL 34231

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

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

Jim MARKEL

3/28/08

Date

941-921-5393

Daytime Phone #