

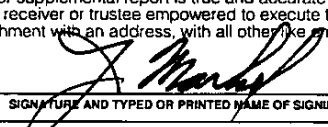


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90286 019 \*\*\*\*61.25

<b>DOCUMENT # N16190</b> 1. Entity Name <b>LAUREL WOODLANDS ASSOCIATION OF HOMEOWNER'S, INC.</b>					
Principal Place of Business <b>PROGRESSIVE COMMUNITY MGMT INC</b> <b>1801 GLENGARY STREET</b> <b>SARASOTA, FL 34231</b>			Mailing Address <b>PROGRESSIVE COMMUNITY MGMT INC</b> <b>1801 GLENGARY STREET</b> <b>SARASOTA, FL 34231</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2760518</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02172005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PROGRESSIVE COMMUNITY MGMT, INC</b> <b>1801 GLENGARY STREET</b> <b>SARASOTA, FL 34231</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, RICHARD		NAME		
STREET ADDRESS	1049 TRUMAN STREET		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RYAN, JULIE		NAME	SERRAPICA, JOHN	
STREET ADDRESS	1106 HOOVER STREET		STREET ADDRESS	1073 EISENHOWER DRIVE	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAISCHER, JAMES		NAME	LYON, CHRISTOPHER	
STREET ADDRESS	1073 TRUMAN STREET		STREET ADDRESS	1131 HOOVER STREET	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INMAN, GINA		NAME		
STREET ADDRESS	1064 EISENHOWER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKEL, JIM		NAME		
STREET ADDRESS	1801 GLENGARY STREE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTON, WILLIAM		NAME		
STREET ADDRESS	1801 GLENGARY STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 			<b>Jim MARKEL</b> 4/15/05 941-921-5393		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		