

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 041 \*\*\*\*61.25

<b>DOCUMENT # N30125</b> 1. Entity Name <b>THE LANDINGS SOUTH VII CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PROGRESSIVE COMMUNITY MGMT., INC.</b> <b>1801 GLENGARY ST.</b> <b>SARASOTA, FL 34231 US</b>			Mailing Address <b>PROGRESSIVE COMMUNITY MGMT., INC.</b> <b>1801 GLENGARY ST.</b> <b>SARASOTA, FL 34231 US</b>		
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 <b>59-2930440</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 ST.</b> <b>SARASOTA, FL 34231</b>				Name <b>CASEY CONDOMINIUM MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4370 S. TAMPAWATTE TR #102</b> City <b>SARASOTA</b> FL Zip Code <b>34231</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZIMMERMAN, HAROLD</b>		NAME		
STREET ADDRESS	<b>1674 STARLING DR 203</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCLEAN, LESLIE</b>		NAME		
STREET ADDRESS	<b>1694 STARLING DR #102</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARRIER, JOHN</b>		NAME		
STREET ADDRESS	<b>1682 STARLING DR 201</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WARREN, GARY</b>		NAME		
STREET ADDRESS	<b>1696 STARLING DR 101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MARKEL, JIM</b>		NAME	<b>D SPECTOR, IRVING</b>	
STREET ADDRESS	<b>1801 GLENGARY ST.</b>		STREET ADDRESS	<b>1714 STARLING DR.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUTTON, WILLIAM</b>		NAME		
STREET ADDRESS	<b>1801 GLENGARY ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		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.					
<b>SIGNATURE:</b>			<b>4-30-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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