



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90286 007 ****61.25

DOCUMENT # N93000001885 1. Entity Name PRIVATEER SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1000 LONGBOAT CLUB ROAD SARASOTA, FL			Mailing Address 1000 LONGBOAT CLUB ROAD SARASOTA, FL		
2. Principal Place of Business <i>PROGRESSIVE COMMUNITY MGMT, Inc</i> Suite, Apt. #, etc. 1801 GLENGARY STREET		3. Mailing Address <i>PROGRESSIVE COMMUNITY MGMT, Inc</i> Suite, Apt. #, etc. 1801 GLENGARY STREET			
City & State SARASOTA, FL		City & State SARASOTA, FL		02172005 Chg-NP CR2E037 (10/03)	
Zip 34231		Country USA		4. FEI Number 65-0407186	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent MCKAY, TELESE B 2055 WOOD STREET, SUITE 120 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name <i>PROGRESSIVE COMMUNITY MANAGEMENT, Inc</i> 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 <i>[Signature]</i> <u>JIM MARKEL</u> <u>4/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PARKER, LARRY 1000 LONGBOAT CLUB RD., #701 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEALE, BILL 1000 LONGBOAT CLUB RD., #705 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>NEATE, WILLIAM</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, JACK 1000 LONGBOAT CLUB RD #803 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDBERGER, FREDRICK 1000 LONGBOAT CLUB RD #804 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	<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 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.					
SIGNATURE: <i>[Signature]</i> <u>JIM MARKEL</u> <u>4/15/05</u> <u>941-921-5393</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					