

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-01-2008 90007 029 \*\*\*\*61.25

**DOCUMENT # N94000000890**

1. Entity Name  
**GREY OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**PROGRESSIVE COMMUNITY MGMT. INC  
1801 GLENGARY STREET  
SARASOTA, FL 34231-3603 US**

Mailing Address  
**PROGRESSIVE COMMUNITY MGMT. INC  
1801 GLENGARY STREET  
SARASOTA, FL 34231-3603 US**

**40056222**



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

01242008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**65-0473223**

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, 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 **D** ☒ Delete  
NAME **GABRIS, JOSEPH**  
STREET ADDRESS **8967 GREY OAKS AVE**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **PD** ☐ Change ☒ Addition  
NAME **PHILLIPS, JACK**  
STREET ADDRESS **8950 GREY OAKS AVENUE**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **VPD** ☐ Delete  
NAME **FLETCHER, MICHAEL**  
STREET ADDRESS **8961 GREY OAKS AVE**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **YPTD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **GARIS, GEORGE**  
STREET ADDRESS **8999 GREY OAKS AVE**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **MARKEL, JIM**  
STREET ADDRESS **1801 GLENGARY ST.**  
CITY-ST-ZIP **SARASOTA, FL 34231**

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

TITLE **STD** ☒ Delete  
NAME **PHILLIPS, ELAINE**  
STREET ADDRESS **8950 GREY OAKS AVE**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **SD** ☐ Change ☒ Addition  
NAME **GABRIS, GLADYS**  
STREET ADDRESS **8967 GREY OAKS AVENUE**  
CITY-ST-ZIP **SARASOTA, FL 34238**

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 #