


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90843 041 \*\*\*\*61.25

<b>DOCUMENT # N95000001920</b>	
1. Entity Name <b>MERION ESTATES HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>PROGRESSIVE COMMUNITY MGMT., INC 1801 GLENGARY STREET SARASOTA, FL 34231</b>	Mailing Address <b>PROGRESSIVE COMMUNITY MGMT., INC 1801 GLENGARY STREET SARASOTA, FL 34231</b>
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40093334



2. Principal Place of Business - No P.O. Box # <b>C-5 Condominium Mgmt. SRS, INC.</b>	3. Mailing Address <b>Suite A-20</b>
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Suite, Apt. #, etc. <b>4301 32nd St. W.</b>	Suite, Apt. #, etc. <b>Suite A-20</b>
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City & State <b>BRADENTON</b>	City & State <b>FL</b>
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Zip <b>34205</b>	Country <b>USA</b>	Zip <b>FL</b>	Country <b>FL</b>
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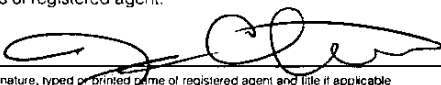
04172007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3317463</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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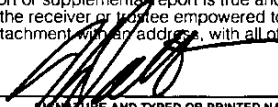
6. Name and Address of Current Registered Agent <b>PROGRESSIVE COMMUNITY MGMT., INC 1801 GLENGARY STREET SARASOTA, FL 34231</b>	
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7. Name and Address of New Registered Agent <b>C-5 Condominium Mgmt. Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 4301 32nd St. W. Suite A-20 BRADENTON FL Zip Code 34205</b>	
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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 	DATE <b>4/25/07</b>

<b>Filing Fee is \$61.25 Due by May 1, 2007</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CROUCHER, MAX E</b>		NAME <b>DICK BERK</b>	
STREET ADDRESS <b>8773 MERION AVE</b>		STREET ADDRESS <b>8739 GREY OAKS AVE.</b>	
CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		CITY-ST-ZIP <b>SARASOTA, FL 34238</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DALTON, KEVIN</b>		NAME <b>JOE VESPOLI</b>	
STREET ADDRESS <b>8723 GREY OAKS AVENUE</b>		STREET ADDRESS <b>8759 GREY OAKS AVE.</b>	
CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		CITY-ST-ZIP <b>SARASOTA, FL 34238</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JACOB, DEBORAH</b>		NAME <b>JOE VESPOLI</b>	
STREET ADDRESS <b>8794 MERION AVE</b>		STREET ADDRESS <b>8759 GREY OAKS AVE.</b>	
CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		CITY-ST-ZIP <b>SARASOTA, FL 34238</b>	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARKEL, JIM</b>		NAME	
STREET ADDRESS <b>1801 GLENGARY STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA, FL 34231</b>		CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAMUNO, ROSEMARY</b>		NAME	
STREET ADDRESS <b>8735 GREY OAKS AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		CITY-ST-ZIP	
TITLE <b>AT</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUTTON, WILLIAM</b>		NAME <b>ROGER GRIMSHAW</b>	
STREET ADDRESS <b>1801 GLENGARY STREET</b>		STREET ADDRESS <b>8753 MERION AVE.</b>	
CITY-ST-ZIP <b>SARASOTA, FL 34231</b>		CITY-ST-ZIP <b>SARASOTA, FL 34238</b>	

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: 	DATE <b>4/26/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	