

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90180 008 ****61.25

DOCUMENT # N95000003344

1. Entity Name
STONEBROOK TERRACE ASSOCIATION I, INC.



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

Mailing Address
**PROGRESSIVE COMMUNITY MGMT INC
1801 GLENGARY STREET
SARASOTA, FL 34231**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0605363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PROGRESSIVE COMMUNITY MGMT, INC
1801 GLENGARY ST
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE NAME	PD ANDERSON, WILLARD M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8755 OLDE HICKORY AVE, UNIT 7301	
CITY - ST - ZIP	SARASOTA, FL 34238	
TITLE NAME	VD MARQUARDT, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	8755 OLDE HICKORY AVE. UNIT #7207	
CITY - ST - ZIP	SARASOTA, FL 34238	
TITLE NAME	STD DOMENICK, LILLIAN	<input type="checkbox"/> Delete
STREET ADDRESS	8755 OLDE HICKORY AVE. UNIT #7101	
CITY - ST - ZIP	SARASOTA, FL 34238	
TITLE NAME	AS MARKEL, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	1801 GLENGARY STREET	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE NAME	AT SUTTON, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	1801 GLENGARY ST	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D KING, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8755 OLDE HICKORY AVE., #7210	
CITY - ST - ZIP	SARASOTA, FL 34238	
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME	D CLINE, JERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8755 OLDE HICKORY AVE., #7106	
CITY - ST - ZIP	SARASOTA, FL 34238	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MARKEL 4/17/06 941-921-5393

Date

Daytime Phone #