



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90086 048 \*\*\*\*61.25

<b>DOCUMENT # N95000003913</b>					
<b>1. Entity Name</b> STONEYBROOK TERRACE COMMONS 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>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282008    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0610217	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST SARASOTA, FL 34231				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL    Zip Code	
<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.</b>					
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 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD	<b>NAME</b> FILLION, ROBERT <input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8750 OLDE HICKORY AVE 9109	<b>CITY-ST-ZIP</b> SARASOTA, FL 34238			<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VD	<b>NAME</b> HOLWERDA, GERALD <input checked="" type="checkbox"/> Delete			<b>NAME</b> STD FARACI, MARCO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8735 OLD HICKORY AVE., UNIT 8110	<b>CITY-ST-ZIP</b> SARASOTA, FL 34238			<b>STREET ADDRESS</b> 8735 OLDE HICKORY AVE, # 8105	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD	<b>NAME</b> KING, RICHARD <input type="checkbox"/> Delete			<b>NAME</b> VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8755 OLDE HICKORY AVE, # 721	<b>CITY-ST-ZIP</b> SARASOTA, FL 34238			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> AS	<b>NAME</b> MARKEL, JIM <input type="checkbox"/> Delete			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1801 GLENGARY ST	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> AT	<b>NAME</b> SUTTON, WILLIAM <input type="checkbox"/> Delete			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1801 GLENGARY ST.	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<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.</b>					
<b>SIGNATURE:</b> _____ <i>Jim Markel</i> <b>Jim MARKEL</b> 4/17/08    941-921-5393					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					