

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90180 026 \*\*\*\*61.25

**DOCUMENT # N97000001943**

1. Entity Name  
**THE SANCTUARY AT PELICAN POINTE PROPERTY  
OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**899 WOODBRIDGE DR.  
VENICE, FL 34293**

Mailing Address  
**899 WOODBRIDGE DR.  
VENICE, FL 34293**



2. Principal Place of Business

**PROGRESSIVE COMMUNITY MGMT**  
Suite, Apt. #, etc.

**1801 GLENGARY STREET**

City & State  
**SARASOTA FL**

Zip  
**34231** Country  
**USA**

3. Mailing Address

**PROGRESSIVE COMMUNITY MGMT**  
Suite, Apt. #, etc.

**1801 GLENGARY STREET**

City & State  
**SARASOTA FL**

Zip  
**34231** Country  
**USA**

02242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0791238**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ULRICH, RICHARD  
2940 S. TAMiami TRAIL  
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name  
**PROGRESSIVE COMMUNITY MANAGEMENT, Inc**  
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

*[Signature]*

**Jim MARKEL**

**4/17/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

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  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
OPPENHEIMER, RICHARD  
899 WOODBRIDGE DR.  
VENICE, FL 34293** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
WATKINS, WARD  
899 WOODBRIDGE DR.  
VENICE, FL 34293** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
KING, BILLIE  
899 WOODBRIDGE DR.  
VENICE, FL 34293** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DIDONATO, JIM  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PFAFF, DOUGLASS  
899 WOODBRIDGE DR.  
VENICE, FL 34293** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
FONTANA, SAL  
899 WOODBRIDGE DR.  
VENICE, FL 34293** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1294 TUSCANY BLVD.  
VENICE, FL 34292** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
CHITTM, ROBERT  
1135 KITTIWAKE DR.  
VENICE, FL 34285** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
1267 TUSCANY BLVD  
VENICE, FL 34292** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
1033 GROUSE WAY  
VENICE, FL 34285** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AS  
MARKEL JIM  
1801 GLENGARY STREET  
SARASOTA, FL 34231** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AT  
SUTTON, WILLIAM  
1801 GLENGARY STREET  
SARASOTA, FL 34231** ☐ Change ☒ Addition

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]*

**Jim MARKEL**

**4/17/06**

**941-921-5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #