
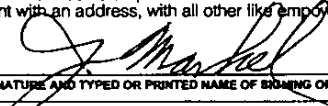


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90011 003 \*\*\*\*61.25

<b>DOCUMENT # N97000001943</b> 1. Entity Name <b>THE SANCTUARY AT PELICAN POINTE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PROGRESSIVE COMMUNITY MGMT 1801 GLENGARY ST SARASOTA, FL 34231</b>			Mailing Address <b>PROGRESSIVE COMMUNITY MGMT 1801 GLENGARY ST SARASOTA, FL 34231</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0791238</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COURTS, GENE <input type="checkbox"/> Delete 825 TROPEZ LN VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHITTUM, ROBERT <input checked="" type="checkbox"/> Delete 1135 KITTIWAKE DR VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GRIFFITH, DAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1128 KITTIWAKE DR VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, BILLIE <input checked="" type="checkbox"/> Delete 1267 TUSCANY BLVD VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 820 ADONIS PLACE VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YAG-LENSKI, JOHN <input type="checkbox"/> Delete 834 BLUE CRANE DR VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YAGLENSKI, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM <input type="checkbox"/> Delete 1801 GLENGARY ST SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM <input type="checkbox"/> Delete 1801 GLENGARY ST SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>JIM MARKEL</b> <b>3/13/08</b> <b>941-921-5393</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					