

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90185 002 ****61.25

DOCUMENT # N97000002941

1. Entity Name
PALM AVENUE VILLAS ASSOCIATION, INC.



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

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

40066330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0810944

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROGRESSIVE COMMUNITY MGMT, INC
1801 GENGARY STREET
SARASOTA, FL 34231

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **SENSABOUGH, JOANN**
STREET ADDRESS **523 S. PALM AVE #9**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **TD** ☐ Change ☒ Addition
NAME **ROBINSON, JANE**
STREET ADDRESS **523 S. PALM AVE., #5**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **PD** ☐ Delete
NAME **BLAKE, RICHARD**
STREET ADDRESS **523 S PALM AVE, # 3**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **BARTH, DENISE**
STREET ADDRESS **523 SOUTH PALM AVENUE #2**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 #