2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2008 8:00 am Secretary of State

	ANNOA	L REPURI			_ Se	ecreta	ry of S	tate
DOCUMENT # N97000002941					04-01-2008 90007 042 ****61.25			
PALM AVENUE VILLAS ASSOCIATION, INC.					i			
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		INC .		IDEN CENT FOR CO	112 4 8 81 4 6 11 11 11 11 11 11 11 11	II HANKA AI ATA
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252008 C	hg-NP	CR2E037 (12/0	6)	
City & State		City & State		-	4. FEI Number Applied For 65-0810944 Not Applicable			
Žip	Country	Zip	Country		5. Certificate of S	tatus Desired	□ \$8.75 Fee Req	Additional ulred
	6. Name and Address of Curren	t Registered Agent			7. Name and Add	iress of New F	Registered Agent	
PROGRESSIVE COMMUNITY MGMT, INC 1801 GENGARY STREET SARASOTA, FL 34231				Name Street Address (P.O. Box Number is Not Acceptable) 180 GLENGARY STREET				
				ity	FL Zip Code			
8. The above the obligation	e named entity submits this statement of tions of registered agent. Storpaling typed or printed name of registered agent.	<u> </u>	its registered of	n Mae	RKE L	the State of Ro	orida. 1 am familiar v	ith, and accept
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		Trust Fun	d Contribution.	· -		Floi		f State
	OFFICERS AND D		d Contribution.	<u> </u>			rida Department o	141.11
TITLE	OFFICERS AND D	IRECTORS		<u> </u>	Added to Fees		RS AND DIRECTOR	3 IN 10
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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:

SEGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

3/28/08

941-921-5393 Deytime Prone #