
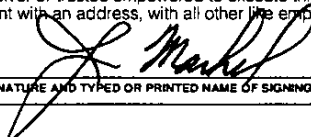


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90284 028 ****61.25

DOCUMENT # N97000007120					
1. Entity Name VILLAS AT FOREST HILLS IV, INC.					
Principal Place of Business PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST. SARASOTA, FL 34231			Mailing Address PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST. SARASOTA, FL 34231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0808536	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 GLENGARY ST. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, CHARLES W		NAME	PBORCHERS, EDWARD	
STREET ADDRESS	9416 FOREST HILLS CIRCLE		STREET ADDRESS	9435 FOREST HILLS CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, AL L		NAME	BINDER, STEPHEN	
STREET ADDRESS	9443 FOREST HILLS CIRCLE		STREET ADDRESS	9445 FOREST HILLS CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	WESTON, AARON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, ARRON		NAME		
STREET ADDRESS	9413 FOREST HILLS CIR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKEL, JIM		NAME		
STREET ADDRESS	1801 GLENGARY ST.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, WILLIAM		NAME		
STREET ADDRESS	1801 GLENGARY ST.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 line empowered.					
SIGNATURE: 		Jim MARKEL 4/15/05		941-921-5393	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	