

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90180 037 ****61.25

DOCUMENT # N98000001768

1. Entity Name
LINKSIDE I CONDOMINIUM AT SABAL TRACE
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

40054438



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0856615

Applied For
Not Applicable

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 MANAGEMENT, ICN.
1801 GLENGARY 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
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
REEVES, ALAN
5800 SABAL TRACE DR, #901
NORTH PORT, FL 34287 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
LYNCH, JOHN
5800 SABAL TRACE DR, #1303
NORTH PORT, FL 34287 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MULLAN, DONALD
5800 SABAL TRACE DR, #1001
NORTH PORT, FL 34287 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GEORGIA, WILLIAM
5800 SABAL TRACE DR., UNIT 804
NORTH PORT, FL 34287 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PRESCOTT, DONALD
5800 SABAL TRACE DR, #203
NORTH PORT, FL 34287 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
PHARES, BECKY
5800 SABAL TRACE DR, #1004
NORTH PORT, FL 34287 ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MARKEL 4/17/06 941-921-5393
Date Daytime Phone #