


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90022 042 ****61.25

DOCUMENT # N98000005098					
1. Entity Name THE ARBORS AT PELICAN POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PROGRESSIVE COMMUNITY MGMT 1801 GLENGARY ST SARASOTA, FL 34231			Mailing Address PROGRESSIVE COMMUNITY MGMT 1801 GLENGARY ST SARASOTA, FL 34231		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3551910	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROGRESSIVE COMMUNITY MGMT, INC. 1801 GLENGARY ST SARASOTA, FL 34231			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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, 2007		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 TD NAME NICKELSON, DICK STREET ADDRESS 1619 SAN SILVESTRO DR CITY-ST-ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE SD NAME DAWSON, ANNA STREET ADDRESS 802 DERBYSHIRE DRIVE CITY-ST-ZIP VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME RENZ, JAMES STREET ADDRESS 1520 SAN YSIDRO WY CITY-ST-ZIP VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AT NAME SUTTON, WILLIAM STREET ADDRESS 1801 GLENGARY ST CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE TD NAME GAGNON, MARY ALICE STREET ADDRESS 1609 SAN SILVESTRO DRIVE CITY-ST-ZIP VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AS NAME MARKEL, JIM STREET ADDRESS 1801 GLENGARY ST CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME RENO, TOM STREET ADDRESS 1630 SAN SILVESTRO DR CITY-ST-ZIP VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME BAINBRIDGE, ROBERT STREET ADDRESS 1649 SAN SILVESTRO DR CITY-ST-ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		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.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					