
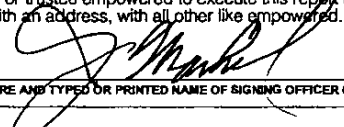


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90017 045 \*\*\*\*61.25

<b>DOCUMENT # N98000005412</b>					
<b>1. Entity Name</b> SADDLE OAK ESTATES COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> PROGRESSIVE COMMUNITY MGMT, INC. 1801 GLENGARY ST SARASOTA, FL 34231 US			<b>Mailing Address</b> PROGRESSIVE COMMUNITY MGMT, INC. 1801 GLENGARY ST SARASOTA, FL 34231 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162007 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 65-0906691				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PROGRESSIVE COMMUNITY MGMT, INC. 4801 GLENGARY ST SARASOTA, FL 34231			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> ANDERSON, STEPHEN <b>STREET ADDRESS</b> 595 SADDLE OAK TR <b>CITY-ST-ZIP</b> SARASOTA, FL 34241	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> ACKERMAN, SCOTT <b>STREET ADDRESS</b> 10361 SADDLE HORSE DR <b>CITY-ST-ZIP</b> SARASOTA, FL 34241	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> NAJUCH, TIMOTHY <b>STREET ADDRESS</b> 5301 SADDLE OAK TRL <b>CITY-ST-ZIP</b> SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> LIKENS, CHRIS <b>STREET ADDRESS</b> 5451 SADDLE OAK TRAIL <b>CITY-ST-ZIP</b> SARASOTA, FL 34241	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> POIRIER, NEAL <b>STREET ADDRESS</b> 5450 SADDLE OAK TRL <b>CITY-ST-ZIP</b> SARASOTA, FL 34241	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> MARKEL, JIM <b>STREET ADDRESS</b> 1801 GLENGARY ST <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AT <b>NAME</b> SUTTON, WILLIAM <b>STREET ADDRESS</b> 1801 GLENGARY ST <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Jim MARKEL 4/16/07 941-921-5393		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		