



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90180 018 ****61.25

DOCUMENT # N98000006057 1. Entity Name NEW CEDAR GROVE OWNERS ASSOCIATION, INC.					
Principal Place of Business 1801 GLENGARY ST. SARASOTA, FL 34231			Mailing Address 1901 GLENGARY STREET STE 118 SARASOTA, FL 34231		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>PROGRESSIVE COMMUNITY MGMT</i> Suite, Apt. #, etc. 1801 GLENGARY STREET			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 65-0903191	
Zip 34231		Country USA		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 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 _____ (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. <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 NAME STREET ADDRESS CITY-ST-ZIP	VPD GENSER, GUENTER 2100 CONSTITUTION BLVD STE 118 SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRUPA, ELIZA 5262 IMMO COURT SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAZZUCA, SANDRA 5170 IMMO CT. SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POLLY, ANGELA 5218 IMMO CT. SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKET, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARKET, JIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input 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: <i>Jim Markel</i> Jim MARKEL 4/17/06 941-921-5393					