

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90286 048 ****61.25

DOCUMENT # N98000006784

1. Entity Name
SILVER OAK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**7093 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**

Mailing Address
**7093 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**



2. Principal Place of Business

3. Mailing Address

PROGRESSIVE COMMUNITY MGMT, INC. PROGRESSIVE COMMUNITY MGMT, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1801 GLENGARY STREET

1801 GLENGARY STREET

City & State

City & State

SARASOTA, FL

SARASOTA, FL

Zip

Country

Zip

Country

34231 USA

USA

34231

USA

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0919732

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

**ROBERTS, GARY A
7093 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**

Name
PROGRESSIVE COMMUNITY MANAGEMENT, INC.

Street Address (P.O. Box Number is Not Acceptable)

1801 GLENGARY STREET

City

SARASOTA

FL

Zip Code

34231

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

[Signature]
JIM MARKEL

4/15/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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
**PD
ROBERTS, GARY A
7093 SOUTH TAMiami TRAIL
SARASOTA, FL 34231** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARRIOTT, VIC
8938 WILDLIFE LOOP
SARASOTA, FL 34238** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CANNON, JOHN
7077 SOUTH TAMiami TRAIL
SARASOTA, FL 34231** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MORRILL, DAVID
8869 BLOOMFIELD BLVD.
SARASOTA, FL 34238** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JOHNSTON, TODD
3859 BEE RIDGE ROAD
SARASOTA, FL 34233** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROBERTS, KATHY
8998 WILDLIFE LOOP
SARASOTA, FL 34238** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JOHNSTON, KAREN
3859 BEE RIDGE ROAD
SARASOTA, FL 34233** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SCHUELE, WERNER
8975 BLOOMFIELD BLVD.
SARASOTA, FL 34238** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
MARKEL, JIM
1801 GLENGARY STREET
SARASOTA, FL 34231** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
SUTTON, WILLIAM
1801 GLENGARY STREET
SARASOTA, FL 34231** ☐ Change ☒ Addition

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 like or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
JIM MARKEL

Date

Daytime Phone #

4/15/05 941-921-5393