
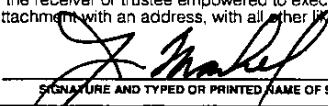


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90286 008 ****61.25

DOCUMENT # N94000004709					
1. Entity Name SABAL TRACE MASTER ASSOCIATION, INC.					
Principal Place of Business PROGRESSIVE COMMUNITY MGMT. INC 1801 GLENGARY ST. SARASOTA, FL 34231 US			Mailing Address PROGRESSIVE COMMUNITY MGMT. INC 1801 GLENGARY ST. SARASOTA, FL 34231 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02172005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0563543	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY STREET. SARASOTA, FL 34231			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWER, FRED		NAME	LYNCH, JOHN	
STREET ADDRESS	5662 RULKERFORD CT		STREET ADDRESS	5800 SABAL TRACE DRIVE, #1303	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGIA, WILLIAM		NAME	JENSEN, JOHN	
STREET ADDRESS	5800 SABAL TRACE DRIVE #804		STREET ADDRESS	5764 MEDINAH COURT	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULL, EDWARD		NAME	GERMERSHAUSEN-GOBEILLE, SHIRLEY	
STREET ADDRESS	5800 SABAL TRACE DR. #402		STREET ADDRESS	5800 SABAL TRACE DRIVE, #702	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IERARDI, THOMAS		NAME	MARKEL, JIM	
STREET ADDRESS	5360 OAKMONT CT		STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAISER, RICHARD		NAME		
STREET ADDRESS	5444 SABAL TRACE DR.		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURTON, WILLIAM		NAME	SUTTON, WILLIAM	
STREET ADDRESS	1801 GLENGARY ST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
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 life empowered.					
SIGNATURE: 		Jim MARKEL		4/15/05 941-921-5393	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	