


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

05-24-2005 90123 035 \*\*\*\*61.25

<b>DOCUMENT # N02000001389</b> 1. Entity Name <b>AP CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>804 BAYSHORE DR. NOKOMIS, FL 34275</b>			Mailing Address <b>PROGRESSIVE COMMUNITY MANAGEMENT INC 1801 GLENGARY ST SARASOTA, FL 34231</b>		
2. Principal Place of Business <b>1521 Agui Esta Drive</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>6025 Taylor Rd</b> <small>Suite, Apt. #, etc.</small> <b>Suite 2</b>			
City & State <b>Punta Gorda FL</b> <small>Zip</small> <b>33950</b> <small>Country</small> <b>Charlotte.</b>		City & State <b>Punta Gorda FL</b> <small>Zip</small> <b>33950</b> <small>Country</small> <b>Charlotte</b>		4. FEI Number <b>51-0467863</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PROGRESSIVE COMMUNITY MANAGEMENT INC 1801 GLENGARY ST SARASOTA, FL 34231</b>			7. Name and Address of New Registered Agent Name <b>STAR Hospitality Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>6025 Taylor Rd Suite #2</b> City <b>Punta Gorda FL</b> <small>Zip Code</small> <b>33950</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.  SIGNATURE <u>Sherry Dantw</u> <span style="float: right;">4-14-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONVILLE, J. MIKE 804 BAYSHORE DR. NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Raymond J. Cody 3203 Purple Martin Lane #7 Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINTER, KEVIN 1430 EWING ST. NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T D Susan E. Laurich. 3205 Purple Martin Lane Punta Gorda, FL 33950.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINTER, SANDRA 1430 EWING ST. NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO David Brower 1521 Agui Esta #6 Punta Gorda FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY ST SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>RECEIVED</b>  <b>APR 20 2005</b>  <b>REVENUE</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 empowered.					
SIGNATURE: <u>Raymond J. Cody</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/25/05</u> <small>Daytime Phone #</small>		