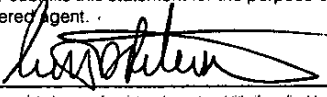
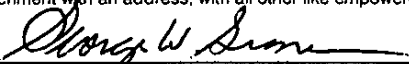


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90045 031 ****61.25

DOCUMENT # N02000003647 1. Entity Name BOCA VISTA HARBOR A CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231		Mailing Address PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231	
2. Principal Place of Business 6020 Boca Grande Causeway Suite, Apt. #, etc.		3. Mailing Address P.O. Box 97 Suite, Apt. #, etc.	
City & State Boca Grande, FL Zip 33921		City & State Boca Grande, FL Zip 33921	
Country USA		Country USA	
4. FEI Number 65-1171709		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 PROGRESSIVE COMMUNITY MANAGEMENT INC 1801 GLENGARY ST SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Scott Peterson - Grande Island Vacations, Inc. Street Address (P.O. Box Number is Not Acceptable) 6020 Boca Grande Causeway City Boca Grande FL Zip Code 33921	
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  Scott D. Peterson 2/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	DP MORRIS, ROBERT A JR 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	
TITLE	DV MORRIS, ROBERT A III 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	
TITLE	DST GILLASPIE, CLARK 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	
TITLE	AS MARKEL, JIM 1801 GLENGARY ST SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	
TITLE	AT SUTTON, WILLIAM 1801 GLENGARY ST SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE	OP Graner, George 9 Red Leaf Lane Lancaster, PA 17602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	DT Keough, Timothy 1745 Lake View Drive Lanark, IL 61046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	DS Cesino, Michael P.O. Box 476 Saunderstown, RI 02874	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	