

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90045 029 \*\*\*\*61.25

**DOCUMENT # N02000003685**

1. Entity Name  
**BOCA VISTA HARBOR C CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**PROGRESSIVE COMMUNITY MGMT, INC  
1801 GLENGARY STREET  
SARASOTA, FL 34231**

Mailing Address  
**PROGRESSIVE COMMUNITY MGMT, INC  
1801 GLENGARY STREET  
SARASOTA, FL 34231**

40050097



2. Principal Place of Business

**6020 Boca Grande Gateway**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 97**  
Suite, Apt. #, etc.

02172005 Chg-NP CR2E037 (10/03)

City & State

**Boca Grande, FL**

City & State

**Boca Grande, FL**

4. FEI Number  
**65-1171714**

Applied For  
Not Applicable

Zip  
**33921**

Country  
**USA**

Zip  
**33921**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PROGRESSIVE COMMUNITY MGMT, INC  
1801 GLENGARY STREET  
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 Gateway**  
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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, ROBERT A JR 1840 PHILLIPI SHORES DR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRIS, ROBERT A III 1840 PHILLIPI SHORES DR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GILLASPIE, CLARK 1840 PHILLIPI SHORES DR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Tucker, George 98 Pickle Road Calton, NJ 0830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Gaynor, Norman 82 East Drive P.O. Box 696 Hartsville, OH 45632	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTS Kelley, Hugh 112 Garhawk Terrace Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/05 941-964-2080**

Date

Daytime Phone #