


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90045 030 ****61.25

DOCUMENT # N02000003768

1. Entity Name
BOCA VISTA HARBOR B CONDOMINIUM ASSOCIATION, INC.



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

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

40050036



2. Principal Place of Business
6020 Boca Grande Causeway
 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

Zip
33981

Country
USA

4. FEI Number
65-1171712

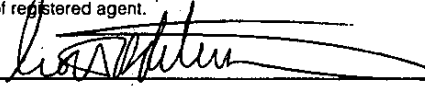
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PROGRESSIVE COMMUNITY MANAGEMENT, 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 Causeway
 City **Boca Grande** **FL** Zip Code **33981**

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**
 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 PHILLIPPI SHORES DR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRIS, ROBERT A II 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GILLASDIE, CLARK 1840 PHILLIPPI 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 Cook, Bob 2754 Burlington Drive Hickory Corners, MI 49060-9320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Schuermann, Susan 2403 Prairie Ridge Place Champaign, IL 61822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Zahnaw, Deborah 11 Warwick Lane Rocky River, OH 44166	<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:  **3/11/05** **269 207-6815**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #