

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90045 028 ****61.25

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|---|--|--|--|
| DOCUMENT # N02000008935 1. Entity Name BOCA VISTA HARBOR D 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 | |
| 2. Principal Place of Business P.O. Box 97 <small>Suite, Apt. #, etc.</small> 6020 Boca Grande Causeway | 3. Mailing Address P.O. Box 97 <small>Suite, Apt. #, etc.</small> | | |
| City & State Boca Grande FL | City & State Boca Grande FL | | |
| Zip 33921 | Zip 33921 | | |
| Country USA | Country USA | | |
| 4. FEI Number 65-1171716 | | 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 STREET SARASOTA, FL 34231 | | 7. Name and Address of New Registered Agent Name: Scott Peterson - Grande Island Vacation 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 1/12/05 <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 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 President - Director Klauber, Mike | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP DV MORRIS, ROBERT A III 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President - Director Zurick, Craig | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP DST CLARK, GILLASPIE 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary - Treasurer - Director Wood, Tom | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #