


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90045 050 ****61.25

DOCUMENT # N03000001038

1. Entity Name
BOCA VISTA HARBOR COMMUNITY 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

40030100



2. Principal Place of Business
6000 Boca Grande Parkway

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
35-2206527

Applied For
 Not Applicable

Zip
33901

Country
USA

Zip
33901

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)
6000 Boca Grande Parkway

City *Boca Grande* **FL** Zip Code *33901*

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]* *Scott D. Peterson* *2/17/05*

(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 | PD MORRIS, ROBERT A JR 741 SOUTH ORANGE AVENUE SARASOTA, FL 34236 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MORRIS, ROBERT A III 741 SOUTH ORANGE AVENUE SARASOTA, FL 34236 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GILLASPIE, CLARK III 741 SOUTH ORANGE AVENUE SARASOTA, FL 34236 | <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 | PD Graner, George 9 Red Leaf Lane Lancaster PA, 17602 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPO Cook, Bob 2754 Burlington Drive Hickory Corners, MI 49060 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Tucker, George 98 Pickle Road Calton, NJ 07820 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FO Klauber, Mike 15 Teddington Way Laconia, NH 03246 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OVP Beason, Harrod 1044 Kensington Rd Grosse Pointe Park, MI 48220 | <input type="checkbox"/> Change <input checked="" 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]* *George W. Graner* *4/3/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #