


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90224 001 ****61.25

DOCUMENT # N06142

1. Entity Name
THE BISHOPSCOURT TOWNHOMES ONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**CONDOMINIUM MANAGEMENT, INC.
 1801 GLENGARY STREET
 SARASOTA, FL 34231-0603**

Mailing Address
**CONDOMINIUM MANAGEMENT, INC.
 1801 GLENGARY STREET
 SARASOTA, FL 34231-0603**

14010491



2. Principal Place of Business
Progressive Community Mgmt Inc
 Suite, Apt. #, etc.
1801 Glengary Street
 City & State
Sarasota FL
 Zip
34231 Country
USA

3. Mailing Address
Progressive Community Mgmt Inc
 Suite, Apt. #, etc.
1801 Glengary Street
 City & State
Sarasota FL
 Zip
34231 Country
USA

01222004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2465919 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CONDOMINIUM MANAGEMENT, INC.
 1801 GLENGARY STREET
 SARASOTA, FL 34231-0603**

7. Name and Address of New Registered Agent
 Name
Progressive Community Management, Inc
 Street Address (P.O. Box Number is Not Acceptable)
1801 Glengary Street
 City
Sarasota FL Zip Code
34231

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 *Jim Markel* **Jim Markel** **4/15/04**
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, 2004

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 BAILEY, F. JOSEPH P.O. BOX 5842 SARASOTA, FL 34277	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWAN, PETER 416 BAYSHORE DR OPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROWAN, BOBBE 416 BAYSHORE DR. OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, P. RICHARD 1801 GLENGARY STREET SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, JOSEPH F 49 BISHOPS COURT RD. #120 OSPREY, FL 34229	<input 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	VD Burns, Joan 33 Bishopscourt Rd, #118 Osprey, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Boyd, Carol 65 Bishopscourt Rd, #122 Osprey, FL 34229	<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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Sutton, William 1801 Glengary Street Sarasota FL 34231	<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

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 lists empowered.

SIGNATURE: *Jim Markel* **4/15/04** **941-921-5393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #