


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90155 047 ****61.25

DOCUMENT # N06451 1. Entity Name BEE RIDGE - SAWYER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PROGRESSIVE COMM MGMT 1801 GLENGARY ST SARASOTA, FL 34231			Mailing Address PROGRESSIVE COMM MGMT 1801 GLENGARY ST SARASOTA, FL 34231		
2. Principal Place of Business ALL FLORIDA SERVICES 2831 RINGLING BLVD., STE 218F SARASOTA FL 34237-5334		3. Mailing Address ALL FLORIDA SERVICES 2831 RINGLING BLVD., STE 218F SARASOTA FL 34237-5334		'01062006 Chg-NP CR2E037 (11/05)	
Zip Country		Zip Country		4. FEI Number 65-0152627	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PROGRESSIVE COMM MGMT 1801 GLENGARY ST SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Street Address ALL FLORIDA SERVICES (able) 2831 RINGLING BLVD., STE 218F SARASOTA FL 34237-5334 City FL Zip Code		
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 <u><i>Gerald Bishop Prop Mgr</i></u> 2/1/06 <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, 2006		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	PD HARVEY, FRED 3982 BEE RIDGE RD #A SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Secy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALL FLORIDA SERVICES 2831 RINGLING BLVD., STE 218F SARASOTA FL 34237-5334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete PAZULSKI, FRANK 3982 BEE RIDGE RD #B SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2831 RINGLING BLVD., STE 218F SARASOTA FL 34237-5334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete KNAPP, DANIEL 3982 BEE RIDGE RD. STE H SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2831 RINGLING BLVD., STE 218F SARASOTA FL 34237-5334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Delete MARKEL, JIM 1801 GLENGARY ST SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <input checked="" type="checkbox"/> Delete SUTTON, WILLIAM 1801 GLENGARY ST SARASOTA, FL 34231		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 exemptions contained in Chapter 119, 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: <u><i>Daniel Knapp Pres</i></u> 2/1/06 941 3667464 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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