## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N33810

1. Entity Name BISHOPSCOURT AT THE OAKS PRESERVE ASSOCIATION, INC.



Principal Place of Business

Mailing Address



**FILED** Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90181 009 \*\*\*\*61.25

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PROGRESSIVE COMMUNITY MGMT, INC. 1801 GLEN GARY ST SARASOTA, FL 34231 US		1801	Progressive community mgmt, inc. 1801 Glen Gary St Sarasota, FL 34231 US					<b>6</b>	
2. Principal P	tace of Business	3, Maili	ing Address						
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			02212006 Ch	g-NP CR2E	E037 (11/05)	
City & State		City	City & State			4. FEI Number 59-0897347	7	<del>  </del>	oplied For of Applicable
Zip	Country	Zip		Country		5. Certificate of Sta	atus Desired	\$8.75 Add	ditional
	6. Name and Address of Cu	rrent Registere	d Agent			7. Name and Addr	ress of New Registers	d Agent	
PROGRESSIVE COMMUNITY MANAGEMENT, INC 1801 GLENGARY ST SARASOTA, FL 34231-0603			10.10	Name					
			MENT, INC.		Street Address (P.O. Box Number is Not Acceptable)				
				City				Zip Cod	<u> </u>
							F	L	•
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.									
uie obligat	iors or registered agent.								
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registers	id agent and title # app	tcable. (NOTE:	Registered Agent sign	neture required	when reinstating)	DAT	E	
							** * *		
Filing Fee'is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State			
10.	OFFICERS AT	UD DIDECTORS		4.4			-0 TO OFFICEDO ****		
	,	ND DIRECTORS		11.			S TO OFFICERS AND		
TILE	PD	ND DIRECTORS	Delete	шт	462	D	· · · · · · · · ·	☐ Change	Addition
TITLE	PD STRYKER, WILLIAM DR.	ND DIRECTORS	Delete	TITLE NAME	500	D THORN,	MALCOLM	☐ Change 1	
TILE	PD	ND DINECTORS	Delete	шт	500 500	D THORN, 8 BAY H	MALCOLM IEAD LAN	☐ Change 1 €	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD STRYKER, WILLIAM DR. 17 BAY HEAD LANE OSPREY, FL 34229 D BLOOD, HORACE S DR 77 BAYHEAD LANE OSPREY, FL 34229 D			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	YPS 500 110 05 PD 77	D THORN, 8 BAY H PREY, F BAY H	MALCOLM IEAD LAN L 3422 EAD LAN	Change Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD STRYKER, WILLIAM DR. 17 BAY HEAD LANE OSPREY, FL 34229 D BLOOD, HORACE S DR 77 BAYHEAD LANE OSPREY, FL 34229 D EVERARD-BOGERT, ROSI		□ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	YPS 500 110 05 PD 77	D THORN, 8 BAY H PREY, F BAY H	MALCOLM IEAD LAN L 3422 EAD LAN	Change  Change  Change	Addition  Addition
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indicated on this report or supplied with this lilling does not quality for the exemptions contained in Chapter 119, Honda Statutes. I further certify that the information indicated on this report or suppliemental 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 of 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:

JIM MARKEL 4/17/06 941-921-5393