


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N33810

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



Principal Place of Business
PROGRESSIVE COMMUNITY MGMT, INC.
1801 GLEN GARY ST
SARASOTA, FL 34231 US

Mailing Address
PROGRESSIVE COMMUNITY MGMT, INC.
1801 GLEN GARY ST
SARASOTA, FL 34231 US

40054460

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02212006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0897347 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PROGRESSIVE COMMUNITY MANAGEMENT, INC.
1801 GLENGARY ST
SARASOTA, FL 34231-0603

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRYKER, WILLIAM DR.		NAME	SOUTHORN, MALCOLM	
STREET ADDRESS	17 BAY HEAD LANE		STREET ADDRESS	1108 BAY HEAD LANE	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOD, HORACE S DR		NAME		
STREET ADDRESS	77 BAYHEAD LANE		STREET ADDRESS	77 BAY HEAD LANE	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVERARD-BOGERT, ROSEMARY		NAME	JOY, MADELINE	
STREET ADDRESS	159 BISHOP COURT RD		STREET ADDRESS	64 BAY HEAD LANE	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKEL, JIM		NAME		
STREET ADDRESS	1801 GLENGARY STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, WILLIAM		NAME		
STREET ADDRESS	1801 GLENGARY STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, FRANK		NAME		
STREET ADDRESS	143 BISHOP COURT RD		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		

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:  **Jim MARKEL** 4/17/06 941-921-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #