## 2005 NOT-FOR-PROFIT CORPORATION

## **FILED** Apr 18, 2005 8:00 am

	AititOA	* KEPUK I		56	creta	ary oi Sta	aic
DOCUMENT # N9500005684  1. Entity Name LAKE VISTA II CONDOMINIUM ASSOCIATION, INC.						90284 001 ****61	
Principal Place 223 HIDDEH OSPREY, FL		Mailing Address PROGRESSIVE MANAGEN 1801 GLENGARY ST SARASOTA, FL 34231	MENT US			ANK ANNESTEN ANKA ANKA TAKA	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172005	Chg-NP	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-06349	14	<del></del>	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Ad	Idress of New	Registered Agent	<del></del>
	SSIVE COMMUNITY MANAGE	EMENT, INC					
	NGARY ST. ^A, FL 34231		Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Coo	
8. The above the obligation	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both, i	n the State of F	Florida. I am familiar with	, and accept
-	•						
SIGNATURE							
Old Willer	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)		DATE	<del></del>
	Signature, typed or printed name of registered agen			re required when reinstating)		DATE	
		9. Election Campart Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE  Make check payable orida Department of S	
10.	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flo	Make check payable orida Department of S	V 10
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flo	Make check payable orida Department of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DI  DP  LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302  OSPREY, FL 34229  DVP	9. Election Camp Trust Fund Co	paign Financing partibution. [ ]  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flo	Make check payable orida Department of S	V 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DI  DP  LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302  OSPREY, FL 34229  DVP  SUTTON, BILL 223 HIDDEN BAY DR. #402	9. Election Camp Trust Fund Co RECTORS	paign Financing partribution. [ ]  11.	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II  Change	State N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen  Filling Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DI  DP  LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302  OSPREY, FL 34229  DVP  SUTTON, BILL	9. Election Camp Trust Fund Co	paign Financing partibution. [ ]  11.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DI  DP  LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302  OSPREY, FL 34229  DVP SUTTON, BILL 223 HIDDEN BAY DR. #402  OSPREY, FL 34229  D COOLEY, LISE	9. Election Camp Trust Fund Co RECTORS	paign Financing ontribution. [11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II  Change	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DI  DP LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302 OSPREY, FL 34229  DVP SUTTON, BILL 223 HIDDEN BAY DR. #402 OSPREY, FL 34229  D D D D D D D D D D D D D D D D D D	9. Election Camp Trust Fund Co	paign Financing ontribution. [ ]  11.	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DI  DP LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302 OSPREY, FL 34229  DVP SUTTON, BILL 223 HIDDEN BAY DR. #402 OSPREY, FL 34229  D COOLEY, LISE 223 HIDDEN BAY DR #305 OSPREY, FL 34229  D	9. Election Camp Trust Fund Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II	State N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen  Filling Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DI  DP  LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302  OSPREY, FL 34229  DVP  SUTTON, BILL 223 HIDDEN BAY DR. #402  OSPREY, FL 34229  D  COOLEY, LISE 223 HIDDEN BAY DR #305  OSPREY, FL 34229  D  PHILLIPS, HENRY	9. Election Camp Trust Fund Co  RECTORS  Delete  Delete	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II	State N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DI  DP LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302 OSPREY, FL 34229  DVP SUTTON, BILL 223 HIDDEN BAY DR. #402 OSPREY, FL 34229  D COOLEY, LISE 223 HIDDEN BAY DR #305 OSPREY, FL 34229  D	9. Election Camp Trust Fund Co  RECTORS  Delete  Delete	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II	State N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DI  DP  LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302  OSPREY, FL 34229  DVP SUTTON, BILL 223 HIDDEN BAY DR. #402  OSPREY, FL 34229  D COOLEY, LISE 223 HIDDEN BAY DR #305  OSPREY, FL 34229  D PHILLIPS, HENRY 223 HIDDEN BAY DR. UNIT  OSPREY, FL 34229  D PHILLIPS, HENRY 223 HIDDEN BAY DR. UNIT  OSPREY, FL 34229  D	9. Election Camp Trust Fund Co  RECTORS  Delete  Delete	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II	State N 10 Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DI  DP  LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302  OSPREY, FL 34229  DVP  SUTTON, BILL 223 HIDDEN BAY DR. #402  OSPREY, FL 34229  D  COOLEY, LISE 223 HIDDEN BAY DR #305  OSPREY, FL 34229  D  PHILLIPS, HENRY 223 HIDDEN BAY DR. UNIT  OSPREY, FL 34229	9. Election Camp Trust Fund Control Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANG PD  AT  1801 GLENG SARASOTA	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II	State N 10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DI  DP LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302 OSPREY, FL 34229  DVP SUTTON, BILL 223 HIDDEN BAY DR. #402 OSPREY, FL 34229  D COOLEY, LISE 223 HIDDEN BAY DR #305 OSPREY, FL 34229  D PHILLIPS, HENRY 223 HIDDEN BAY DR. UNIT OSPREY, FL 34229  D HANKINSON, LLOYD 223 HIDDEN BAY DR. #403 OSPREY, FL 34229	9. Election Camp Trust Fund Control Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees  ADDITIONS/CHANG PD  AT  1801 GLENG SARASOTA	GES TO OFFIC	Make check payable orida Department of SERS AND DIRECTORS II	State N 10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DI  DP LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302 OSPREY, FL 34229  DVP SUTTON, BILL 223 HIDDEN BAY DR. #402 OSPREY, FL 34229  D COOLEY, LISE 223 HIDDEN BAY DR #305 OSPREY, FL 34229  D PHILLIPS, HENRY 223 HIDDEN BAY DR. UNIT OSPREY, FL 34229  D HANKINSON, LLOYD 223 HIDDEN BAY DR. #403 OSPREY, FL 34229  ST	9. Election Camp Trust Fund Control Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANG PD  AT  1801 GLENG SARASOTA	FIGES TO OFFICE  ARY ST  FL 3	Make check payable orida Department of SERS AND DIRECTORS II  Change  Change  Change  Change	State N 10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DI  DP LILLIBRIDGE, EDMUND 223 HIDDEN BAY DR #302 OSPREY, FL 34229  DVP SUTTON, BILL 223 HIDDEN BAY DR. #402 OSPREY, FL 34229  D COOLEY, LISE 223 HIDDEN BAY DR #305 OSPREY, FL 34229  D PHILLIPS, HENRY 223 HIDDEN BAY DR. UNIT OSPREY, FL 34229  D HANKINSON, LLOYD 223 HIDDEN BAY DR. #403 OSPREY, FL 34229	9. Election Camp Trust Fund Control Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANG PD  AT  1801 GLENG SARASOTA	FINA FL 3	Make check payable orida Department of SERS AND DIRECTORS II  Change  Change  Change  Change	State N 10 Addition Addition Addition 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 into empowered.

SIGNATURE:

Jim MARKEL URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR