

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90224 032 ****61.25

DOCUMENT # N98000002006

1. Entity Name
BERMUDA BAY CLUB 3 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 %CONDOMINIUM MANAGEMENT INC %CONDOMINIUM MANAGEMENT INC
 1801 GLENGARY ST 1801 GLENGARY ST
 SARASOTA, FL 34231 SARASOTA, FL 34231

14010469



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

01222004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 CONDOMINIUM MANAGEMENT INC
 1801 GLENGARY ST
 SARASOTA, FL 34231

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 State Zip Code
Sarasota *FL* *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: *[Signature]* *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	PD	<input type="checkbox"/> Delete
NAME	DONOVAN, JOHN MR	
STREET ADDRESS	1459 GULF DR NORTH	
CITY-ST-ZIP	BRADENTON BEACH, FL 34217	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, MARY LOU MS	
STREET ADDRESS	1427 GULF DR NORTH	
CITY-ST-ZIP	BRADENTON BEACH, FL 34217	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CLARK, P R	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	CLARK, PAUL R JR	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CLARK, RICHARD P MR	
STREET ADDRESS	1801 GLENGARY ST.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beachnaw, Craig	
STREET ADDRESS	1469 Gulf Drive North # 17	
CITY-ST-ZIP	Bradenton Beach, FL 34217	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bazaire, Connie	
STREET ADDRESS	1441 Gulf Drive North #28	
CITY-ST-ZIP	Bradenton Beach, FL 34217	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	markel, Jim	
STREET ADDRESS	1801 Glengary Street	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sutton, William	
STREET ADDRESS	1801 Glengary Street	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

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