


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90224 034 ****61.25

DOCUMENT # N99000001233	
1. Entity Name BERMUDA BAY CLUB 5 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O CONDOMINIUM MANAGMENT, INC 1801 GLENARY ST SARASOTA, FL 34231-0603	Mailing Address C/O CONDOMINIUM MANAGMENT, INC 1801 GLENARY ST SARASOTA, FL 34231-0603
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14010407



2. Principal Place of Business Suite, Apt. #, etc. 1801 Glengary Street City & State Sarasota, FL Zip 34231 Country USA	3. Mailing Address Suite, Apt. #, etc. 1801 Glengary Street City & State Sarasota, FL Zip 34231 Country USA
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01222004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0933964	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONDOMINIUM MANAGMENT 1801 GLENGARY STREET SARASOTA, FL 34231-0603

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 Sarasota FL Zip Code 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 Jim Markel 4/24/04
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, TIRSO 1411 GULF DRIVE N. #1 BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKES, RICHARD 1413 GULF DRIVE N. #3 BRADENTON BEACH, FL 34217 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDD, JR., JOHN W 1415 GULF DRIVE N. #5 BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, P R 1801 GLENGARY STREET SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Esch, Francis 9982 Forest Ridge Drive Clarkston, MI 48348 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Markel, Jim 1801 Glengary Street Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Sutton, William 1801 Glengary Street Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: Jim Markel 4/24/04 941-921-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #