

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90224 033 \*\*\*\*61.25

**DOCUMENT # N99000001234**



1. Entity Name  
**BERMUDA BAY CLUB 4 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**C/O CONDOMINIUM MANAGEMENT INC  
1801 GLENGARY STREET  
SARASOTA, FL 34231-0603**

Mailing Address  
**C/O CONDOMINIUM MANAGEMENT INC  
1801 GLENGARY STREET  
SARASOTA, FL 34231-0603**

**14010468**



2. Principal Place of Business

3. Mailing Address

*Progressive Community Mgmt, Inc.*  
Suite, Apt. #, etc.

*Progressive Community Mgmt, Inc.*  
Suite, Apt. #, etc.

*1801 Glengary Street*  
City & State

*1801 Glengary Street*  
City & State

*Sarasota, FL*

*Sarasota, FL*

Zip  
*34231*

Country  
*USA*

Zip  
*34231*

Country  
*USA*

01222004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
*65-0933966*

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM MANAGEMENT, INC  
1801 GLENGARY ST  
SARASOTA, FL 34231-0603**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FELLNER, THOMAS A  
1453 GULF DRIVE NORTH  
BRADENTON BEACH, FL 34217** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
LYONS, TIMOTHY  
1457 GULF DRIVE NORTH #8  
BRADENTON BEACH, FL 34217** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
CARRAWAY, EDWARD  
1455 GULF DRIVE NORTH  
BRADENTON BEACH, FL 34217** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
CLARK, P RICHARD  
1801 GLENGARY STREET  
SARASOTA, FL 34231** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
Markel, Jim  
1801 Glengary Street  
Sarasota, FL 34231** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
Sutton, William  
1801 Glengary Street  
Sarasota, FL 34231** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/15/04* **941-921-5393**