


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-28-2004 90219 006 \*\*\*\*61.25

<b>DOCUMENT # 737697</b>			
1. Entity Name <b>MIDNIGHT COVE ASSOCIATION INC.</b>			
Principal Place of Business <b>1801 GLENGARY STREET SARASOTA, FL 34231-3603</b>		Mailing Address <b>1801 GLENGARY STREET SARASOTA, FL 34231-3603</b>	
2. Principal Place of Business <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. <b>1801 Glengary Street</b> City & State <b>Sarasota, FL</b> Zip <b>34231</b> Country <b>USA</b>		3. Mailing Address <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. <b>1801 Glengary Street</b> City & State <b>Sarasota, FL</b> Zip <b>34231</b> Country <b>USA</b>	
4. FEI Number <b>59-1788106</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231-3603</b>		7. Name and Address of New Registered Agent Name <i>Progressive Community Management, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <b>1801 Glengary Street</b> City <b>Sarasota</b> FL Zip Code <b>34231</b>	
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 <i>Jim Markel</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>Jim Markel</b> DATE <b>4/22/04</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIOTT, RM. JOHN R 6396 MIDNIGHT COVE RD., UNIT 913 FARMINGTON HILLS, MI 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Burns Mark</b> <b>6318 Midnight Cove Rd. # 621</b> <b>Sarasota, FL 34242</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWEN, EUGENE RFD 3 NA MONTPELIER, OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Ventura, August</b> <b>6304 Midnight Cove Rd, # 523</b> <b>Sarasota, FL 34242</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDOLPH, RICHARD A. 730 FLEMING ROAD CINCINNATI, OH 45231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Eckle, Cathy Day</b> <b>6318 Midnight Cove Rd, # 611</b> <b>Sarasota, FL 34242</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZABINSKI, TINA 6304 MIDNIGHT COVE RD, #520 SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASUCHINLECK, MR. ROBERT 6396 MIDNIGHT COVE RD., #955 SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V/D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, THOMAS P 6396 MIDNIGHT COVE RD, #935 SARASOTA, FL 34242 <input checked="" type="checkbox"/> Delete	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: <i>August Ventura</i>		Signature and typed or printed name of signing officer or director. <b>August Ventura</b> DATE <b>4/19/04</b> DAYTIME PHONE # <b>941-921-5393</b>	