



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 737697 1. Entity Name MIDNIGHT COVE ASSOCIATION INC.					
Principal Place of Business 1801 GLENGARY STREET SARASOTA, FL 34231-3603				Mailing Address 1801 GLENGARY STREET SARASOTA, FL 34231-3603	
2. Principal Place of Business <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. 1801 Glenagary Street City & State Sarasota, FL Zip 34231		3. Mailing Address <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. 1801 Glenagary Street City & State Sarasota, FL Zip 34231			
Country USA		Country USA		01232004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1788106	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231-3603			7. Name and Address of New Registered Agent Name <i>Progressive Community Management, Inc</i> Street Address (P.O. Box Number is Not Acceptable) 1801 Glenagary 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 <i>Jim Markel</i> Jim Markel 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burns Mark <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6318 Midnight Cove Rd. #621 Sarasota, FL 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWEN, EUGENE RFD 3 NA MONTPELIER, OH	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ventura, August <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6304 Midnight Cove Rd, #523 Sarasota, FL 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDOLPH, RICHARD A. 730 FLEMING ROAD CINCINNATI, OH 45231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eckle, Cathy Day <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6318 Midnight Cove Rd, #611 Sarasota, FL 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZABINSKI, TINA 6304 MIDNIGHT COVE RD, #520 SARASOTA, FL 34242	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, THOMAS P 6396 MIDNIGHT COVE RD, #935 SARASOTA, FL 34242	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> August Ventura 4/19/04 941-921-5393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					