

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90162 042 \*\*\*\*61.25

**DOCUMENT # 737697**

1. Entity Name  
 MIDNIGHT COVE ASSOCIATION INC.



Principal Place of Business  
 PROGRESSIVE OCOMMUNITY MGMT., INC.  
 1801 GLENGARY ST.  
 SARASOTA, FL 34231

Mailing Address  
 PROGRESSIVE OCOMMUNITY MGMT., INC.  
 1801 GLENGARY ST.  
 SARASOTA, FL 34231

40067609



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02172005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 59-1788106

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROGRESSIVE COMMUNITY MGMT., INC.  
 1801 GLENGARY STREET  
 SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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, 2005**

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	D	<input type="checkbox"/> Delete
NAME	BURNS, MARK	
STREET ADDRESS	6318 MIDNIGHT COVE RD., #621	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OWEN, EUGENE	
STREET ADDRESS	RFD 3 NA	
CITY-ST-ZIP	MONTPELIER, OH	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUDOLPH, RICHARD A.	
STREET ADDRESS	730 FLEMING ROAD	
CITY-ST-ZIP	CINCINNATI, OH 45231	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZABINSKI, TINA	
STREET ADDRESS	6304 MIDNIGHT COVE RD, #520	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ASUCHINLECK, MR. ROBERT	
STREET ADDRESS	6396 MIDNIGHT COVE RD., #955	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENTURA, AUGUST	
STREET ADDRESS	6304 MIDNIGHT COVE RD., #523	
CITY-ST-ZIP	SARASOTA, FL 34242	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIEGELMEIER, OWEN	
STREET ADDRESS	6342 MIDNIGHT PASS ROAD, #414	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSON, GEORGE	
STREET ADDRESS	6342 MIDNIGHT PASS ROAD, #472	
CITY-ST-ZIP	SARASOTA, FL 34242	
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: August F. Ventura August F. Ventura 415/02 (94) 349-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #