

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1788106

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

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

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 ☐ Delete
NAME BURNS, MARK
STREET ADDRESS 6318 MIDNIGHT COVE RD., #621
CITY-ST-ZIP SARASOTA, FL 34242

TITLE TD ☒ Delete
NAME OWEN, EUGENE
STREET ADDRESS RFD 3 NA
CITY-ST-ZIP MONTPELIER, OH

TITLE PD ☒ Delete
NAME RUDOLPH, RICHARD A.
STREET ADDRESS 730 FLEMING ROAD
CITY-ST-ZIP CINCINNATI, OH 45231

TITLE SD ☐ Delete
NAME ZABINSKI, TINA
STREET ADDRESS 6304 MIDNIGHT COVE RD, #520
CITY-ST-ZIP SARASOTA, FL 34242

TITLE VD ☒ Delete
NAME ASUCHINLECK, MR. ROBERT
STREET ADDRESS 6396 MIDNIGHT COVE RD., #955
CITY-ST-ZIP SARASOTA, FL 34242

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

TITLE TD ☐ Change ☒ Addition
NAME STIEGELMEIER, OWEN
STREET ADDRESS 6342 MIDNIGHT PASS ROAD, #414
CITY-ST-ZIP SARASOTA, FL 34242

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

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

TITLE VD ☐ Change ☒ Addition
NAME BENSON, GEORGE
STREET ADDRESS 6342 MIDNIGHT PASS ROAD, #472
CITY-ST-ZIP SARASOTA, FL 34242

TITLE ☐ Change ☐ 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUGUST F. VENTURA

4/15/05 (94) 349-3000