


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90180 042 \*\*\*\*61.25

**DOCUMENT # 737697**

1. Entity Name  
**MIDNIGHT COVE ASSOCIATION INC.**



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

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

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

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

City & State

Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

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 BURNS, MARK <input checked="" type="checkbox"/> Delete 6318 MIDNIGHT COVE RD., #621 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STIEGELMEIER, OWEN <input type="checkbox"/> Delete 6342 MIDNIGHT PASS ROAD #414 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZABINSKI, TINA <input type="checkbox"/> Delete 6304 MIDNIGHT COVE RD, #520 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENSON, GEORGE <input type="checkbox"/> Delete 6342 MIDNIGHT PASS ROAD #472 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENTURA, AUGUST <input type="checkbox"/> Delete 6304 MIDNIGHT COVE RD., #523 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LOVE, RICHARD 6304 MIDNIGHT COVE ROAD, #513 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: \_\_\_\_\_ **4/5/06** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40009100



02032006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-1788106** Applied For  Not Applicable

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