


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90016 024 ****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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State


Zip Country

4. FEI Number
59-1788106

Applied For
 Not Applicable

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

01152007 Chg-NP CR2E037 (12/06)



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 _____ (NOTE: Registered Agent signature required when re-registering)

DATE _____

Filing Fee is \$61.25 Duo by May 1, 2007

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	PD	<input type="checkbox"/> Delete
NAME	LOVE, RICHARD	
STREET ADDRESS	6304 MIDNIGHT COVE RD, # 513	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STIEGELMEIER, OWEN	
STREET ADDRESS	6342 MIDNIGHT PASS ROAD #414	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZABINSKI, TINA	
STREET ADDRESS	6304 MIDNIGHT COVE RD, #520	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENSON, GEORGE	
STREET ADDRESS	6342 MIDNIGHT PASS ROAD #472	
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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELDRIDGE, MELISSA	
STREET ADDRESS	6396 MIDNIGHT COVE RD, #933	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:  **August Ventura 4/4/07** **941-949-7728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #