

# 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

4001000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1788106

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 re-registering)

DATE

Filing Fee is \$61.25  
Due 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME LOVE, RICHARD  
STREET ADDRESS 6304 MIDNIGHT COVE RD, # 513  
CITY-ST-ZIP SARASOTA, FL 34242

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

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

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS ELDRIDGE, MELISSA  
CITY-ST-ZIP 6396 MIDNIGHT COVE RD, #933  
SARASOTA, FL 34242

TITLE VD ☐ Delete  
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

TITLE D ☐ Delete  
NAME VENTURA, AUGUST  
STREET ADDRESS 6304 MIDNIGHT COVE RD., #523  
CITY-ST-ZIP SARASOTA, FL 34242

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

August Ventura 4/4/07 941-949-7728