


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90007 040 \*\*\*\*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**

40056611



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

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

01242008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-1788106**

Applied For  
 Not Applicable

**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 resigning) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 LOVE, RICHARD 6304 MIDNIGHT COVE RD, # 513 SARASOTA, FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STIEGELMEIER, OWEN 6342 MIDNIGHT PASS ROAD #414 SARASOTA, FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELDRIDGE, MELISSA 6396 MIDNIGHT COVE RD, #933 SARASOTA, FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENSON, GEORGE 6342 MIDNIGHT PASS ROAD #472 SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENTURA, AUGUST 6304 MIDNIGHT COVE RD., #523 SARASOTA, FL 34242	<input type="checkbox"/> Delete
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		<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	VPO MILLER, DENNIS 6370 MIDNIGHT COVE RD, #823 SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" 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 information.

**SIGNATURE:** Dennis Miller **Dennis Miller** 3/24/08 941-921-5393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #