


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																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		4. FEI Number 59-1788106																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State																																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOVE, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6304 MIDNIGHT COVE RD, # 513</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34242</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STIEGELMEIER, OWEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6342 MIDNIGHT PASS ROAD #414</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34242</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELDRIDGE, MELISSA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6396 MIDNIGHT COVE RD, #933</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34242</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENSON, GEORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6342 MIDNIGHT PASS ROAD #472</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34242</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VENTURA, AUGUST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6304 MIDNIGHT COVE RD., #523</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34242</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VPO</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MILLER, DENNIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6370 MIDNIGHT COVE RD, #823</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34232</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						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 type="checkbox"/> Delete	NAME	ELDRIDGE, MELISSA		STREET ADDRESS	6396 MIDNIGHT COVE RD, #933		CITY-ST-ZIP	SARASOTA, FL 34242		TITLE	VD	<input checked="" 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			TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MILLER, DENNIS		STREET ADDRESS	6370 MIDNIGHT COVE RD, #823		CITY-ST-ZIP	SARASOTA, FL 34232		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ <i>Dennis Miller</i> Dennis Miller 3/24/08 941-921-5393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																					