

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 737697

Entity Name: MIDNIGHT COVE ASSOCIATION INC.

Current Principal Place of Business:

PROGRESSIVE OCMMUNITY MGMT., INC.
1801 GLENGARY ST.
SARASOTA, FL 34231

New Principal Place of Business:

PROGRESSIVE OCMMUNITY MGMT., INC.
1801 GLENGARY STREET - FL. 1
SARASOTA, FL 34231

Current Mailing Address:

PROGRESSIVE OCMMUNITY MGMT., INC.
1801 GLENGARY ST.
SARASOTA, FL 34231

New Mailing Address:

PROGRESSIVE OCMMUNITY MGMT., INC.
1801 GLENGARY STREET - FL. 1
SARASOTA, FL 34231

FEI Number: 59-1788106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROGRESSIVE COMMUNITY MGMT., INC.
1801 GLENGARY STREET
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

PROGRESSIVE COMMUNITY MGMT., INC.
1801 GLENGARY STREET - FL. 1
SARASOTA, FL 34231 US

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.

SIGNATURE:

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOVE, RICHARD
Address: 6304 MIDNIGHT COVE RD, # 513
City-St-Zip: SARASOTA, FL 34242

Title: TD () Delete
Name: STIEGELMEIER, OWEN
Address: 6342 MIDNIGHT PASS ROAD #414
City-St-Zip: SARASOTA, FL 34242

Title: SD () Delete
Name: ELDRIDGE, MELISSA
Address: 6396 MIDNIGHT COVE RD, #933
City-St-Zip: SARASOTA, FL 34242

Title: VPD () Delete
Name: MILLER, DENNIS
Address: 6370 MIDNIGHT COVE RD #823
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: VENTURA, AUGUST
Address: 6304 MIDNIGHT COVE RD., #523
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MAGEE, DAVID
Address: 512 TREASURE BOAT WAY
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS MILLER

VPD

02/12/2009

Electronic Signature of Signing Officer or Director

Date