2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737697

FILED Feb 12, 2009 Secretary of State

Entity Name: MIDNIGHT COVE ASSOCIATION INC.

Current Principal Place of Business:				New Principal Place of Business:			
PROGRESSIVE OCMMUNITY MGMT., INC. 1801 GLENGARY ST. SARASOTA, FL 34231				PROGRESSIVE OCMMUNITY MGMT., INC. 1801 GLENGARY STREET - FL. 1 SARASOTA, FL 34231			
Current Mailing Address:				New Mailing Address:			
PROGRESSIVE OCMMUNITY MGMT., INC. 1801 GLENGARY ST. SARASOTA, FL 34231				PROGRESSIVE OCMMUNITY MGMT., INC. 1801 GLENGARY STREET - FL. 1 SARASOTA, FL 34231			
FEI Number:	59-1788106	FEI Number Applied For ()	FEI Num	ber Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address o	f New Registered Agent:	
1801 GLEN SARASOT	NGARY STREI A, FL 34231	US		1801 GLEN SARASOT	NGARY STF A, FL 3423	MUNITY MGMT., INC. REET - FL. 1 1 US d office or registered agent, or both,	
in the State		submits this statement for the	purpose or	Changing i	is registered	d office of registered agent, or both,	
SIGNATURE:						02/12/2009	
	Electror	ic Signature of Registered Ag	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	LOVE, RICHAR	T COVE RD, # 513		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	STIEGELMEIE	T PASS ROAD #414		Title: Name: Address: City-St-Zip:	TD MAGEE, DA 512 TREASU SARASOTA,	JRE BOAT WAY	
Title: Name: Address: City-St-Zip:	ELDRIDGE, ME	T COVE RD, #933		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLER, DENN	T COVE RD #823		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VENTURA, AUG	T COVE RD., #523		Title: Name: Address: City-St-Zip:		() Change () Addition	

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