

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737697

FILED
Mar 22, 2011
Secretary of State

Entity Name: MIDNIGHT COVE ASSOCIATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

PROGRESSIVE OCMMUNITY MGMT., INC.
3701 SOUTH OSPREY AVENUE
SARASOTA, FL 34239

Current Mailing Address:

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

New Mailing Address:

PROGRESSIVE OCMMUNITY MGMT., INC.
3701 SOUTH OSPREY AVENUE
SARASOTA, FL 34239

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 - FL. 1
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

PROGRESSIVE COMMUNITY MGMT., INC.
3701 SOUTH OSPREY AVENUE
SARASOTA, FL 34239 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:

03/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MERENESS, ROONEY
Address: 3701 SOUTH OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: VP
Name: MILLER, DENNIS
Address: 3701 SOUTH OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: SD
Name: YATES, JEANNETTE M
Address: 3701 SOUTH OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: TD
Name: MAGEE, DAVID
Address: 3701 SOUTH OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: AS
Name: MARKEL, JIM
Address: 3701 SOUTH OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: AT
Name: SUTTON, WILLIAM
Address: 3701 SOUTH OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34239

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM SUTTON

AT

03/22/2011

Electronic Signature of Signing Officer or Director

Date