

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006478

FILED
Mar 24, 2009
Secretary of State

Entity Name: PROGRESS CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13709 PROGRESS BLVD
BOX 35
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

13709 PROGRESS BLVD
BOX 35
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 59-3704165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS MGMT. SRVS.
13709 PROGRESS BLVD BOX 35
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAWLEY, PHILLIP L
Address: 300 SW 143 ST
City-St-Zip: JONESVILLE, FL 32669

Title: DV () Delete
Name: SHAW, JAMES W
Address: 13505 N.W. 88HT PLACE
City-St-Zip: ALACHUA, FL 32615

Title: DS () Delete
Name: TOMPKINS, DARRYL J
Address: PO BOX 519
City-St-Zip: ALACHUA, FL 32616

Title: DT () Delete
Name: WIGGINS, J. ARDENE
Address: PO BOX 1857
City-St-Zip: ALACHUA, FL 32616

Title: D () Delete
Name: BREEDLOVE, PATTI
Address: 12085 RESEARCH DR
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: HAWLEY, PHILLIP L
Address: 300 SW 143 ST
City-St-Zip: JONESVILLE, FL 32669

Title: DST (X) Change () Addition
Name: SHAW, JAMES W
Address: 13505 N.W. 88HT PLACE
City-St-Zip: ALACHUA, FL 32615

Title: DP (X) Change () Addition
Name: TOMPKINS, DARRYL J
Address: PO BOX 519
City-St-Zip: ALACHUA, FL 32616

Title: D (X) Change () Addition
Name: RATLIFF, CHUCK
Address: 11621 RESEARCH CIRCLE
City-St-Zip: ALACHUA, FL 32616

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: DARRYL TOMPKINS

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date