


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90320 013 ****61.25

DOCUMENT # N02000004499 1. Entity Name PROGRESSO VILLAGE CIVIC ASSOCIATION, INC.	
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Principal Place of Business 905 NW 2ND AVE FT LAUDERDALE, FL 33311	Mailing Address 905 NW 2ND AVE FT LAUDERDALE, FL 33311
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50025188



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3707597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVIN, JENNIFER ESQ GREENSPOON, MARDER, HIRSCHFELD, ET AL, PA 100 W. CYPRESS CREEK RD, STE 700 FT LAUDERDALE, FL 33309
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**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANKERSON, JEROME H 905 NW 2ND AVE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOSKET, BARBARA REV 742 NW 3RD AVE. FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRETT, RICHARD 628 NW 3RD AVE. FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOBLEY, THOMAS C 901 NW 2ND AVE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Thomas S. Mobley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-05 954-7640035