2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004499

FILED Apr 12, 2009 Secretary of State

Entity Name: PROGRESSO VILLAGE CIVIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

905 NW 2ND AVE 632 NW 2ND AVE

FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

905 NW 2ND AVE

FT LAUDERDALE, FL 33311

FEI Number: 04-3707597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANKERSON, JEROME 905 NW 2ND AVE

FT LAUDERDALE, FL 33311 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 HANKERSON, JEROME J
 Name:
 STERNER, DOUGLAS J

 Address:
 905 NW 2ND AVE
 Address:
 632 NW 2ND AVE

City-St-Zip: FT LAUDERDALE, FL 33311 City-St-Zip: FT LAUDERDALE, FL 33311

Title: S () Delete Title: () Change () Addition

 Name:
 CENTAMORE, KIMBERLEE
 Name:

 Address:
 350 SE 2ND STREET, SUITE 1670
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33301
 City-St-Zip:

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

Name:STERNER, DOUGLASName:HANKERSON, JEROMEAddress:3672 NW 17TH TERRACEAddress:905 NW 2ND AVE

City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: FT LAUDERDALE, FL 33311

 Name:
 WYCHE, GERRY
 Name:
 WOLF, THOMAS R

 Address:
 901 NW 1ST AVE
 Address:
 PO BOX 23037

 City-St-Zip:
 FT LAUDERDALE, FL 33311
 City-St-Zip:
 OAKLAND PARK, FL 33307

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: THOMAS R. WOLF T 04/12/2009