

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003968

1. Entity Name
PROGRESSIVE COMMUNITIES OF COCOA, INC.



Principal Place of Business
**395 SOUTH RANGE RD.
COCOA, FL 32926 US**

Mailing Address
**395 SOUTH RANGE RD.
COCOA, FL 32926 US**



04102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1477971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARTER, DEBRAH M.A.
395 SOUTH RANGE ROAD
COCOA, FL 32926**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000707314
04/24/07-80066-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	DEEN, CURTIS G
STREET ADDRESS	PO BOX 1626
CITY-ST-ZIP	COCOA, FL 32923
TITLE	DT
NAME	FRANKLIN, DAVID A
STREET ADDRESS	PO BOX 1626
CITY-ST-ZIP	COCOA, FL 32923
TITLE	DP
NAME	OENBRINK, REGINA A
STREET ADDRESS	100 DELANNOY AVENUE
CITY-ST-ZIP	COCOA, FL 32922
TITLE	DAS
NAME	THOMAS, JOHN P
STREET ADDRESS	603 S. KENTUCKY AVENUE
CITY-ST-ZIP	COCOA, FL 32922
TITLE	DAT
NAME	JACKSON, ANNIE D
STREET ADDRESS	417 PROSPECT AVENUE
CITY-ST-ZIP	COCOA, FL 32922
TITLE	SEC
NAME	CARTER, DEBBIE
STREET ADDRESS	P.O. BOX 1626
CITY-ST-ZIP	COCOA, FL 32923

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Regina Oenbrink

4/10/07

321-637-9003