


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90170 030 ****61.25

DOCUMENT # N04000004417	
1. Entity Name PROGRESSIVE RESIDENTS OF DELRAY BEACH--PROD, INC	

Principal Place of Business P. O. BOX 1301 DELRAY BEACH 33447	Mailing Address P. O. BOX 1301 DELRAY BEACH 33447
---	---



2. Principal Place of Business P. O. Box 6543	3. Mailing Address P.O. Box 6543
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State Delray Beach FL	City & State Delray Beach FL
Zip 33482-6543	Country
Country	Zip 33482-6543
Country	Country

4. FEI Number 59-2580600	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	
FRANCIOSA, GERRY 939 EVE STREET DELRAY BEACH FL 33483	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
-----------	--	--	------

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P KING, JAYNE 3400 PLACE VALENCAY DELRAY BEACH FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V FRANCIOSA, GERRY 939 EVE STREET DELRAY BEACH FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S ELROD, BUNNY 302 SW 1ST AVENUE DELRAY BEACH FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
T BACON, GRETCHEN 3648 SW 24TH LANE DELRAY BEACH FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Bassa, Annie 102 NW 14 Ave Delray Beach FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Bennett, John 137 Seabreeze Ave Delray Beach FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D DiLella, Ann 1106 Harbourside Dr Delray Beach FL 33483	

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: <i>Gretchen A. Bacon</i>	Gretchen A. Bacon, Treas. 561-498-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date
	Daytime Phone #

ATTACHMENT
50047621

ADDITIONAL OFFICERS & DIRECTORS Document NO4000004417

AS
Chassen, Fran
4730D NW 4 St
Delray Beach FL 33445

S
Gugel, Yvonne
1 Harbourside Dr #4701
Delray Beach FL 33483

D
Lender, Samuel
700 NW 32 Ave
Delray Beach FL 33445

D
Van Gemert, Richard
912 Eve St
Delray Beach FL 33483

D
Finst, Alice
707 Place Tavant
Delray Beach FL 33445