


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90146 026 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # N04000004417</b>   |         |    |         |
| 1. Entity Name<br><b>PROGRESSIVE RESIDENTS OF DELRAY BEACH--PROD, INC</b>  |         |   |         |
| Principal Place of Business<br><b>1 HARBOURSIDE DR, APT 4402<br/>DELRAY BEACH FL 33482<br/>US</b>  |         | Mailing Address<br><b>P O BOX 6543<br/>DELRAY BEACH FL 33482<br/>US</b>   |         |
| 2. Principal Place of Business - No P.O. Box #   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>ELROD, PEARL<br/>302 SW 1ST AVE<br/>DELRAY BEACH FL 33444</b>  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br><br>SIGNATURE <i>X Pearl Elrod</i> DATE <i>4-13-08</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |         |   |         |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>   |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                     |         |
| <b>Make Check Payable to Florida Department of State</b>   |         |   |         |



1st MOORE CR2E037 (10/07)

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BASSA, ANNIE<br>102 NW 14 AVE<br>DELRAY BEACH FL 33444 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ELROD, PEARL<br>302 SW 1ST AVE<br>DELRAY BEACH FL 33444 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ELROD, BUNNY<br>302 SW 1ST AVENUE<br>DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PIANE, LUISE<br>1 HARBOURSIDE DR, APT 4402<br>DELRAY BEACH FL 33482 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BENNETT, JOHN<br>137 SEABREEZE AVE<br>DELRAY BEACH FL 33483 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>DILELLA, ANN<br>1106 HARBOURSIDE DRIVE<br>DELRAY BEACH FL 33483 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lune Planez Treas* DATE: *4/8/08* DAYTIME PHONE #: *541-274-8915*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR