

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004417

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PROGRESSIVE RESIDENTS OF DELRAY BEACH--PROD, INC

**Current Principal Place of Business:**

1 HARBOURSIDE DR, APT 4402  
DELRAY BEACH, FL 33482 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 6543  
DELRAY BEACH, FL 33482 US

**New Mailing Address:**

FEI Number: 59-2580600      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ELROD, PEARL  
302 SW 1ST AVE  
DELRAY BEACH, FL 33444 US

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

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:**

Title: D      ( ) Delete  
Name: BASSA, ANNIE  
Address: 102 NW 14 AVE  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: P      ( ) Delete  
Name: ELROD, PEARL  
Address: 302 SW 1ST AVE  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: T      ( ) Delete  
Name: PIANE, LUISE  
Address: 1 HARBOURSIDE DR, APT 4402  
City-St-Zip: DELRAY BEACH, FL 33482 US

Title: D      ( ) Delete  
Name: BENNETT, JOHN  
Address: 137 SEABREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP      ( ) Delete  
Name: DILELLA, ANN  
Address: 1106 HARBOURSIDE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUISE PIANE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/21/2009

\_\_\_\_\_  
Date