

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761644 (4)

1. Corporation Name

CIEGA VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4070-105TH AVENUE
CLEARWATER FL 34622
US

7850 ULMETON ROAD
SUITE 1
LARGO FL 34641
US

3. Date Incorporated or Qualified **01/28/1982** 3a. Date of Last Report **02/23/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2275419** Applied For
21 C/O PROGRESSIVE MANAGEMENT **26 C/O PROGRESSIVE MANAGEMENT** Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

22. 2753 STATE ROAD 580 #207 27. 2753 STATE ROAD 580 #207
City & State City & State
23 CLEARWATER FL **28 CLEARWATER FL**

24. 34621 25. 29. 34621 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**HOLIDAY ISLES PROPERTY MGT. INC.
7850 ULMERTON ROAD
SUITE 2
LARGO FL 34641**

81 Name **MAUREEN C. REARDON, CPM**
82 Street Address (P.O. Box Number is Not Acceptable) **PROGRESSIVE MANAGEMENT, INC.**
83 **2753 STATE ROAD 580, SUITE 207**
84 City **CLEARWATER** 85 **FL** Zip Code **34621**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.033, Florida Statutes.

SIGNATURE *Maureen C. Reardon* DATE **1-24-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	VD <input checked="" type="checkbox"/> DELETE	11 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABER, FRED	12 NAME	WISE, TOM
STREET ADDRESS	3988 102ND PLACE NORTH	13 STREET ADDRESS	3950 103RD AVENUE NORTH
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	CLEARWATER FL 34622
TITLE	PD <input checked="" type="checkbox"/> DELETE	21 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, ERNEST	22 NAME	ROBBA, JIM
STREET ADDRESS	3969 103RD AVE., NORTH	23 STREET ADDRESS	4084 106TH AVENUE NORTH
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER FL 34622
TITLE	SD <input checked="" type="checkbox"/> DELETE	31 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCALZO, JOSEPH	32 NAME	LaBELLA, JOSEPH
STREET ADDRESS	4069 102ND PLACE	33 STREET ADDRESS	10430 42ND STREET NORTH
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	CLEARWATER FL 34622
TITLE	TD <input checked="" type="checkbox"/> DELETE	41 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEREND, ERWIN	42 NAME	BATES, ROBERT
STREET ADDRESS	4125 105TH AVE. N.	43 STREET ADDRESS	4001 103RD AVENUE NORTH
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	CLEARWATER FL 34622
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENENDEZ, FRED	52 NAME	BAILEY, TIM
STREET ADDRESS	3984 LAKE BLVD	53 STREET ADDRESS	3901 102ND PALCE NORTH
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	CLEARWATER FL 34622
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James P. Robba* DATE **1-25-96** DAYTIME PHONE # **572-8439**

CR2E037 (12/95)