

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761644 (4)**  
1. Corporation Name  
**CIEGA VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>4070 105TH AVENUE NORTH CLEARWATER FL 34622 US</b>	Mailing Address <b>4070 105TH AVENUE NORTH CLEARWATER FL 34622 US</b>
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3. Date Incorporated or Qualified <b>01/28/1982</b>		
4. FEI Number <b>59-2275419</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business <b>21 C/O PROGRESSIVE MANAGEMENT</b> Suite, Apt #, etc	2a. Mailing Address <b>26 C/O PROGRESSIVE MANAGEMENT</b> Suite, Apt #, etc.
<b>22 2753 STATE RD 580 #207</b> City & State	<b>27 2753 STATE RD 580 #207</b> City & State
<b>23 CLEARWATER FL</b> Zip Country	<b>28 CLEARWATER FL</b> Zip Country
<b>24 33761</b>	<b>29 33761</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ZACUR, RICHARD A ESQ.  
5200 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>.D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISE, TOM</b>	1.2 NAME	
STREET ADDRESS	<b>3950 103RD AVENUE NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBA, JIM</b>	2.2 NAME	
STREET ADDRESS	<b>4084 106TH AVENUE NORHT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LABELLA, JOSEPH</b>	3.2 NAME	<b>SWEETIN, MARY</b>
STREET ADDRESS	<b>10430 42ND STREET NORTH</b>	3.3 STREET ADDRESS	<b>3901 104TH AVENUE NORTH</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>4001 103RD AVENUE NORTH</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, TIM</b>	5.2 NAME	
STREET ADDRESS	<b>3901 102 PLACE NORTH</b>	5.3 STREET ADDRESS	<b>3901 102ND PLACE NORTH</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 R. Robba* **JAMES R. ROBBA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **2-3-98** Daytime Phone #: **813-572-8439**  
 PRES CIEGA VILLAGE BOARD OF DIRECTORS

CR2E037 (10/97)