

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90109 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761644

1. Corporation Name
CIEGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PROGRESSIVE MGMT 2753 STATE RD 500 #207 CLEARWATER FL 33761 US	% PROGRESSIVE MGMT 2753 STATE RD 500 #207 CLEARWATER FL 33761 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/28/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2275419
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	30	<input type="checkbox"/> \$8.75 Additional Fee Required
25	29	6. Election Campaign Financing
29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZACUR, RICHARD A ESQ. 5200 CENTRAL AVENUE ST. PETERSBURG FL 33707		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, TOM	1.2 NAME	
STREET ADDRESS	3950 103RD AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBA, JIM	2.2 NAME	
STREET ADDRESS	4084 106TH AVENUE NORHT	2.3 STREET ADDRESS	4084 106TH AVENUE NORTH
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEETIN, MARY	3.2 NAME	
STREET ADDRESS	3901 104TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33762	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, ROBERT	4.2 NAME	T/D
STREET ADDRESS	4001 103RD AVENUE NORTH	4.3 STREET ADDRESS	PEBBLES, PAUL
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	3984 105TH AVENUE CLEARWATER FL 33762
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, TIM	5.2 NAME	
STREET ADDRESS	3901 102 PLACE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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, with all other like empowered.

SIGNATURE: SIGNATURE OF WISE 1-12-1999 727-572-6907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)