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Feb 24, 1999 8:00 am
Secretary of State

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

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761644

1. Corporation Name

CIEGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% PROGRESSIVE MGMT
2753 STATE RD 580 #207
CLEARWATER FL 33761
US

Mailing Address

% PROGRESSIVE MGMT
2753 STATE RD 580 #207
CLEARWATER FL 33761
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/28/1982

4. FEI Number

59-2275419

Applied For

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WISE, TOM | |
| STREET ADDRESS | 3950 103RD AVENUE NORTH | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ROBBA, JIM | |
| STREET ADDRESS | 4084 106TH AVENUE NORHT | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SWEETIN, MARY | |
| STREET ADDRESS | 3901 104TH AVE N | |
| CITY-ST-ZIP | CLEARWATER FL 33762 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | BATES, ROBERT | |
| STREET ADDRESS | 4001 103RD AVENUE NORTH | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BAILEY, TIM | |
| STREET ADDRESS | 3901 102 PLACE NORTH | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 4084 106TH AVENUE NORTH |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | T/D PEBBLES, PAUL |
| 4.3 STREET ADDRESS | 3984 105TH AVENUE |
| 4.4 CITY-ST-ZIP | CLEARWATER FL 33762 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-1999

Date

727-572-6907

Daytime Phone #

CR2E037 (1/98)