

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761644

**FILED**  
**Apr 22, 2021**  
**Secretary of State**  
**2886260766CC**

**Entity Name:** CIEGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
9887 FOURTH STREET NORTH SUITE 301  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 59-2275419

**Certificate of Status Desired:** No

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

ASSOCIA GULF COAST, INC  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

*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:** JOHN HENSLEY

04/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CRICHTON, VICTOR  
Address C/O ASSOCIA GULF COAST  
9887 FOURTH STREET NORTH SUITE  
301  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name HENRY, FRANKLIN  
Address C/O ASSOCIA GULF COAST  
9887 FOURTH STREET NORTH SUITE  
301  
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER  
Name PARTENHEIMER, CHRISTOPHER  
Address C/O ASSOCIA GULF COAST  
9887 FOURTH STREET NORTH SUITE  
301  
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY  
Name SHOW, LE ANNA  
Address C/O ASSOCIA GULF COAST  
9887 FOURTH STREET NORTH SUITE  
301  
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR  
Name WATSON, KELLEY  
Address C/O ASSOCIA GULF COAST  
9887 FOURTH STREET NORTH SUITE  
301  
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR  
Name LAWRENCE, SCOTT  
Address C/O ASSOCIA GULF COAST  
9887 FOURTH STREET NORTH SUITE  
301  
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR  
Name RUTAN, LINDA  
Address C/O ASSOCIA GULF COAST  
9887 FOURTH STREET NORTH SUITE  
301  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby 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 all other like empowered.*

**SIGNATURE:** VICTOR CRICHTON

**PRESIDENT**

04/22/2021

