

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761644

Entity Name: CIEGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 13, 2017
Secretary of State
CC8034847707

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: MICHAEL FLEMING

03/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title VP-2ND
Name MARKLEY, BARBARA
Address C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE
301
City-State-Zip: ST. PETERSBURG FL 33702

Title S/D
Name FAYNIK, ROBERT
Address C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE
301
City-State-Zip: ST. PETERSBURG FL 33702

Title T/D
Name FRANCIS, ROBERT
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: GERALDINE BARONE

PRESIDENT

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date