

**DOCUMENT # 740104**

1. Entity Name

**ANTIGUA CONDOMINIUM ASSOCIATION, INC.****FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90049 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

%PROGRESSIVE MANAGEMENT, INC.  
2753 S.R. 580, SUITE 207  
CLEARWATER FL 33761  
US%PROGRESSIVE MANAGEMENT, INC.  
2753 S.R. 580, SUITE 207  
CLEARWATER FL 33761  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1794533**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

PROGRESSIVE MANAGEMENT, INC.  
2753 S.R. 580, SUITE 207  
CLEARWATER FL 33761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input checked="" type="checkbox"/>		D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MEIN, KATHLEEN	9700 STARKEY ROAD #112	LARGO FL 33777			ZIEGER, ANN	9700 STARKEY ROAD #316	LARGO FL 33777		
	VD			<input checked="" type="checkbox"/>		V/D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	STEELE, BILLY	9700 STARKEY ROAD #227	LARGO FL 33777			JACKSON, VICKY	9700 STARKEY ROAD #317	LARGO FL 33777		
	SD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DEPUIT, MADELINE	9700 STARKEY ROAD #315	LARGO FL 33777						<input type="checkbox"/>	<input type="checkbox"/>
	PD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DONAHOE, JERRY	9700 STARKEY ROAD, #313	LARGO FL						<input type="checkbox"/>	<input type="checkbox"/>
	TD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	CANVENDER, WAYNE	327 34TH AVENUE N #205	ST PETERSBURG FL 33704						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

727-391-1899

Daytime Phone #