

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 08:00 AM****Secretary of State****DOCUMENT # 740104****1. Entity Name**

ANTIGUA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business%PROGRESSIVE MANAGEMENT, INC.
2753 S.R. 580, SUITE 207
CLEARWATER
33761
US

FL

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

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-1794533**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**PROGRESSIVE MANAGEMENT, INC.
2753 S.R. 580, SUITE 207CLEARWATER
33761
US

FL

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 _____ **03/02/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANVENDER WAYNE		NAME		
STREET ADDRESS	327 34TH AVENUE N #205		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33704		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONAHOE JERRY		NAME	DONAHOE JERRY	
STREET ADDRESS	9700 STARKEY ROAD, #313		STREET ADDRESS	9700 STARKEY ROAD, #313	
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP	LARGO FL 33777	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEPUIT MADELINE		NAME		
STREET ADDRESS	9700 STARKEY ROAD #315		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON VICKY		NAME	BURKE DAVID	
STREET ADDRESS	9700 STARKEY RD #317		STREET ADDRESS	9700 STARKEY RD #323	
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZIEGER ANN		NAME	DRAVING DORIS	
STREET ADDRESS	9700 STARKEY RD # 316		STREET ADDRESS	9700 STARKEY RD # 126	
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

JERRY DONAHOE

PD

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)