

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
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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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PROGRESSIVE MANAGEMENT, INC.
 2753 S.R. 580, SUITE 207

CLEARWATER FL
 33761 US

7. Name and Address of New Registered Agent

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 _____ DATE **03/02/2001**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHOE JERRY	
STREET ADDRESS	9700 STARKEY ROAD, #313	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE DAVID	
STREET ADDRESS	9700 STARKEY RD #323	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAVING DORIS	
STREET ADDRESS	9700 STARKEY RD # 126	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Day-time Phone #

CR2E037 (11/00)