2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 AM
Secretary of State

DOCUMENT# 761644

Entity Name: CIEGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% PROGRESSIVE MGMT
2753 STATE RD 580 #207
CLEARWATER, FL 33761 US

New Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Current Mailing Address:

% PROGRESSIVE MGMT
2753 STATE RD 580 #207
CLEARWATER, FL 33761 US

New Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

FEI Number: 59-2275419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZACUR, RICHARD A ESQ.
5200 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: MAUREEN C. REARDON 03/20/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WISE, TOM
Address: 3950 103RD AVENUE NORTH
City-St-Zip: CLEARWATER, FL 33762

Title: TD ( ) Delete
Name: HUEG, DON
Address: 10580 41ST STREET NORTH
City-St-Zip: CLEARWATER, FL 33762

Title: VD ( ) Delete
Name: BARKER, RON
Address: 4001 105TH AVENUE NORTH
City-St-Zip: CLEARWATER, FL 33762

Title: SD ( ) Delete
Name: PEBBLES, PAUL
Address: 3984 105TH AVE
City-St-Zip: CLEARWATER, FL 33762

Title: V ( ) Delete
Name: RISCH, PAUL
Address: 3968 103RD AVENUE NORTH
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TOM WISE PD 03/20/2002
Electronic Signature of Signing Officer or Director Date