2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# 761644

Entity Name: CIEGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10033 NINTH STREET NORTH
ST. PETERSBURG, FL 337163804 US

New Principal Place of Business:

Current Mailing Address:

10033 NINTH STREET NORTH
ST. PETERSBURG, FL 337163804 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

RAMPART PROPERTIES, INC
10033 NINTH STREET NORTH
ST. PETERSBURG, FL 337163804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARKLEY, BILL
Address: 10033 NINTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: VPD ( ) Delete
Name: BARKER, RON
Address: 10033 NINTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: VPD ( ) Delete
Name: BARONE, GERALDINE
Address: 10033 NINTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: SD ( ) Delete
Name: MARKLEY, BARBARA
Address: 10033 NINTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: TD ( ) Delete
Name: FRANCIS, ROBERT
Address: 10033 NINTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 337163804

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: BILL MARKLEY PD 04/27/2005

Electronic Signature of Signing Officer or Director — Date