


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90237 043 ****61.25

DOCUMENT # 736533					
1. Entity Name THE VILLAS AT SIGNAL HILL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 607124 ORLANDO, FL 32860-7124			Mailing Address P.O. BOX 607124 ORLANDO, FL 32860-7124		
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 59-3166822	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAULUS, BERNIE 4509 THREE LAKES CIRCLE ORLANDO, FL 32808-2027				Name ELAINE BORKOWSKI	
				Street Address (P.O. Box Number is Not Acceptable) 4522 WATCH HILL ROAD	
				City ORLANDO FL Zip Code 32808	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Elaine Borkowski</i> ELAINE Borkowski 04-06-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	ELAINE BORKOWSKI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULUS, BERNIE			NAME	ELAINE BORKOWSKI
STREET ADDRESS	4509 THREE LAKES CIRCLE			STREET ADDRESS	4522 WATCH HILL ROAD
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	BORKOWSKI, ELAINE			NAME	
STREET ADDRESS	4522 WATCH HILL RD.			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	SMITH, JOAN			NAME	
STREET ADDRESS	4719 CARTEGENA COURT			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	BUSTINZA, MARY			NAME	
STREET ADDRESS	4709 WATCH HILL CT			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	BROOKS, BETTY J			NAME	
STREET ADDRESS	4525 THREE LAKES CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	JACKSON, RUSTY			NAME	
STREET ADDRESS	4655 BOCA VISTA COURT			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			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)(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: <i>Joan Smith</i> Joan Smith 4-6-04 407-294-5583 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

04042004 Chg-NP CR2E037 (10/03)

