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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:44

DOCUMENT # 755816 (6)

1. Corporation Name
SIGNAL INN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1811 OLDE MIDDLE GULF DR. SANIBEL FL 33957	1811 OLDE MIDDLE GULF DR. SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1981
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2292066 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REED, JEAN MARY
1341 OLDE MIDDLE GULF DR 5A
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jean Reed 1/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BETTSCHART, BERT	1.2 NAME	
STREET ADDRESS	4532 HAMILTON CORP	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLADWIN MI	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	HICKS, RONALD B	2.2 NAME	
STREET ADDRESS	16 FORMAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAMESBURG NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STAMBAUGH, LANIER	3.2 NAME	
STREET ADDRESS	451 CHAPAQUA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	KANE, CAROL A	4.2 NAME	
STREET ADDRESS	7 PINEFIELD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON CT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	STENWICK, MICHAEL W	5.2 NAME	
STREET ADDRESS	6573 GLENWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN VALLEY MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean R. Reed 1/14/95 813-472-4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001404