

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 25, 1996 08:00 AM
Secretary of State

DOCUMENT # **755816** (6)
1. Corporation Name
SIGNAL INN CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **01/09/1981**
3a. Date of Last Report: **02/08/1995**

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

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Jean Reed* DATE: **15 Mar '96**
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTSCART, BERT	1.2 NAME	BETTSCART, BERT
STREET ADDRESS	4532 HAMILTON CORP	1.3 STREET ADDRESS	111 CANVASBACK DR
CITY-ST-ZIP	GLADWIN MI	1.4 CITY-ST-ZIP	PITTSBURGH, PA 15238
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Ronald B Hicks* DATE: **3/19/96** DAYTIME PHONE #: **941-472-4690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)