SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
98 SEP 14 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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1/21/98 90458 022 $61.25 d.p.

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

3. Date Incorporated or Qualified: 01/09/1981

4. FEI Number: 59-2292066 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BETTSCHART, BERT		1.2 NAME	HICKS, RONALD B	
STREET ADDRESS	111 CANVASBACK DR		1.3 STREET ADDRESS	16 FORMAN AVE	
CITY-ST-ZIP	PITTSBURGH PA		1.4 CITY-ST-ZIP	JAMESBURG NJ	
TITLE	ST	☒ DELETE	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	☐ DELETE	3.1 TITLE	VPD	☒ 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	☐ DELETE	4.1 TITLE	ST	☒ 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	☐ DELETE	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		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	GENE HARTMANN	
STREET ADDRESS			6.3 STREET ADDRESS	5809 MERLOD AVE.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	EDINA, MN 55436	

CR2E037 (5/98)

14. 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 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 RONALD B. HICKS 8/17/98 732 521 4557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #