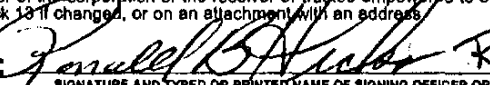


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT, 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755816 (6)				FILED 98 SEP 14 PM 1:36	
1. Corporation Name SIGNAL INN CONDOMINIUM ASSOCIATION, INC.				SECRETARY OF STATE  1/21/98 901581022 \$61.25 dep.	
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2202066 Applied For Not Applicable	
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		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	
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P. ☒ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	BETTSCHART, BERT	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition		
STREET ADDRESS	111 CANVASBACK DR	1.2 NAME	HICKS, RONALD B		
CITY-ST-ZIP	PITTSBURGH PA	1.3 STREET ADDRESS	16 FORMAN AVE		
TITLE	ST ☒ DELETE	1.4 CITY-ST-ZIP	JAMESBURG NJ		
NAME	HICKS, RONALD B	2.1 TITLE	Change ☐ Addition		
STREET ADDRESS	16 FORMAN AVE	2.2 NAME			
CITY-ST-ZIP	JAMESBURG NJ	2.3 STREET ADDRESS			
TITLE	D ☐ DELETE	2.4 CITY-ST-ZIP			
NAME	STAMBAUGH, LANIER	3.1 TITLE	VPD ☒ Change ☐ Addition		
STREET ADDRESS	451 CHAPAQUA ROAD	3.2 NAME			
CITY-ST-ZIP	BRIARCLIFF MANOR NY	3.3 STREET ADDRESS			
TITLE	VP ☐ DELETE	3.4 CITY-ST-ZIP			
NAME	KANE, CAROL A	4.1 TITLE	ST ☒ Change ☐ Addition		
STREET ADDRESS	7 PINEFIELD LANE	4.2 NAME			
CITY-ST-ZIP	WESTON CT	4.3 STREET ADDRESS			
TITLE	D ☐ DELETE	4.4 CITY-ST-ZIP			
NAME	STENWICK, MICHAEL W	5.1 TITLE	☐ Change ☐ Addition		
STREET ADDRESS	6573 GLENWOOD AVE	5.2 NAME			
CITY-ST-ZIP	GOLDEN VALLEY MN	5.3 STREET ADDRESS			
TITLE	☐ DELETE	5.4 CITY-ST-ZIP			
NAME		6.1 TITLE	D ☐ Change ☒ Addition		
STREET ADDRESS		6.2 NAME	Gene Hartmann		
CITY-ST-ZIP		6.3 STREET ADDRESS	5809 MERLOD AVE.		
		6.4 CITY-ST-ZIP	EDINA, MN 55436		
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 8/17/98 232 521 4557 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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CR2E037 (5/98)