


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90022 024 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755816

1. Corporation Name

SIGNAL INN CONDOMINIUM ASSOCIATION, INC.

9 2566 . 90022 . 24 6

DEPARTMENT OF STATE

Principal Place of Business 1811 OLDE MIDDLE GULF DR. SANIBEL FL 33957	Mailing Address 1811 OLDE MIDDLE GULF DR. SANIBEL FL 33957
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/09/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2292066
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REED, JEAN MARY 1341 OLDE MIDDLE GULF DR 5A SANIBEL FL 33957		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 *Mary Jean Reed* DATE 1/5/99  
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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, RONALD B	1.2 NAME	MARTINI, ANGELO A SR.
STREET ADDRESS	16 FORMAN AVENUE	1.3 STREET ADDRESS	28 N COLLINWOOD DR
CITY-ST-ZIP	JAMESBURG NJ	1.4 CITY-ST-ZIP	PITTSBURGH PA 15215
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMBAUGH, LANIER	2.2 NAME	
STREET ADDRESS	451 CHAPAQUA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, CAROL A	3.2 NAME	
STREET ADDRESS	7 PINEFIELD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON CT	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENWICK, MICHAEL W	4.2 NAME	
STREET ADDRESS	6573 GLENWOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN VALLEY MN	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMANN, GENE	5.2 NAME	
STREET ADDRESS	5809 MERLOD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN 55436	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 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, with all other like empowered.

SIGNATURE *Parvinder K. Singh* DATE 1/5/99 DAYTIME PHONE # 941-472-4690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)