# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 09, 2005 8:00 am**
**Secretary of State**
02-09-2005 90026 035 ****61.25

DOCUMENT # 755816

1. Entity Name

SIGNAL INN CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1811 OLDE MIDDLE GULF DR.<br>SANIBEL FL 33957 | 1811 OLDE MIDDLE GULF DR.<br>SANIBEL FL 33957 |

400103116

1st MOORE CR2E037 (10/04)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name Herbert Rubin
Street Address (P.O. Box Number is Not Acceptable) 713 RABBIT ROAD
City Sanibel **FL** Zip Code 33957

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Herbert Rubin
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HICKS, RONALD B<br>16 FORMAN AVENUE<br>JAMESBURG NJ | ☑ Delete | Treasurer<br>Herbert Rubin<br>713 Rabbit Road<br>Sanibel, FL 33957 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARO, THOMAS<br>P O BOX 852<br>ROCK HILL NY 12775 | ☐ Delete | President<br>Aro, Thomas<br>P.O. Box 852<br>Rock Hill NY 12775 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>KANE, CAROL A<br>7 PINEFIELD LANE<br>WESTON CT | ☐ Delete | Secretary<br>KANE, CAROL A<br>7 Pinefield Lane<br>Weston, CT 06883 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MARTINI, ANGELO A SR<br>28 N COLLINWOOD DR<br>PITTSBURGH PA 15215 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARTMANN, GENE<br>5809 MERLOD AVENUE<br>EDINA MN 55436 | ☑ Delete | Director Hagerman<br>Audrey<br>P.O. Box 607<br>Bristol NH 03222 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Herbert Rubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #