## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#755816**

FILED Jan 07, 2007 Secretary of State

Entity Name: SIGNAL INN CONDOMINIUM ASSOCIATION, INC.

	illicipai i lace oi D	usiness:	New Principal Place	of Business:	
	E MIDDLE GULF DF		•		
SANIBEL,		<b>.</b>			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1811 OLDI SANIBEL,	E MIDDLE GULF DF FL 33957	₹.			
FEI Number	: 59-2292066 FEI	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Curre	nt Registered Agent:	Name and Address	of New Registered Agent:	
RUBIN, HE 713 RABB SANIBEL,					
	named entity submi e of Florida.	ts this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic Sig	nature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( ) Delete RUBIN, HERBERT 713 RABBIT ROAD SANIBEL, FL 33957	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	P ( ) Delete ARO, THOMAS P O BOX 852 ROCK HILL, NY 1277		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	ARO, THOMAS P O BOX 852	5	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	ARO, THOMAS P O BOX 852 ROCK HILL, NY 1277 S ( ) Delete KANE, CAROL A 7 PINEFIELD LANE	5 e s SR oR	Name: Address: City-St-Zip: Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: Oity-St-Zip:	ARO, THOMAS P O BOX 852 ROCK HILL, NY 1277 S () Delete KANE, CAROL A 7 PINEFIELD LANE WESTON, CT  VP () Delete MARTINI, ANGELO A 28 N COLLINWOOD D	5 e SR JR 215	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT RUBIN P 01/07/2007