2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#755816

FILED Mar 12, 2008 Secretary of State

Entity Name: SIGNAL INN CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:			New Principal Place of Business:			
	E MIDDLE GU FL 33957	LF DR.				
Current Mailing Address:			New Mailing Address:			
	E MIDDLE GU FL 33957	LF DR.				
El Number	: 59-2292066	FEI Number Applied For()	FEI Number Not App	icable () Co	ertificate of Status Desired (()
ame and	Address of (Current Registered Agent:	Name and	Address of New	/ Registered Agent:	
	IT ROAD	Js				
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered offic	e or registered agent, or	both
the State	e of Florida.	submits this statement for the	purpose of changing i	ts registered offic	e or registered agent, or	- both
the State	e of Florida. RE:	submits this statement for the		ts registered offic	e or registered agent, or Date	both
n the State	e of Florida. RE:	nic Signature of Registered Ag	gent			
the State IGNATUI FFICER: tte: ame: ddress:	e of Florida. RE: Electron S AND DIREC	nic Signature of Registered Ag TORS:) Delete ERT DAD	gent	S/CHANGES TO	Date	
pFFICER: ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electror S AND DIREC P (RUBIN, HERBE 713 RABBIT RO SANIBEL, FL 3	nic Signature of Registered Age TORS:) Delete ERT DAD 33957	jent ADDITION Title: Name: Address:	S/CHANGES TO	Date OFFICERS AND DIRE	
the State	e of Florida. RE: Electron S AND DIREC P (RUBIN, HERBE 713 RABBIT RE SANIBEL, FL P (ARO, THOMAS P O BOX 852 ROCK HILL, N	nic Signature of Registered Agortors:) Delete ERT DAD 33957) Delete (* 12775) Delete A	pent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO	Date DOFFICERS AND DIRE ange () Addition ange () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS ARO P 03/12/2008