

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004188

1. Corporation Name
SIGNATURE ESTATES HOMEOWNERS ASSOCIATION, INC.

99 MAY 10 PM 12:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1123 OVERCASH DRIVE, DUNEDIN FL 34698
Mailing Address: 1123 OVERCASH DRIVE, DUNEDIN FL 34698



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3416741	Applied For
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COIA, DEBBIE 1123 OVERCASH DRIVE DUNEDIN FL 34698				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	00002874710-3 -05/13/99--01115--015		
				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 _____ DATE _____
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	D	<input type="checkbox"/> DELETE		11 TITLE	DPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COIA, DEBBIE			12 NAME	COIA, DEBBIE		
STREET ADDRESS	2818 CHANCERY LANE			13 STREET ADDRESS	2537 Frisco Drive		
CITY-ST-ZIP	CLEARWATER FL 34519			14 CITY-ST-ZIP	Clearwater FL 34761		
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COIA, DAVID			22 NAME	DAVID COIA		
STREET ADDRESS	1123 OVERCASH DRIVE			23 STREET ADDRESS	1123 Overcash Drive		
CITY-ST-ZIP	DUNEDIN FL 34698			24 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIETTO, DAN			32 NAME	DAN VIETTO		
STREET ADDRESS	1123 OVERCASH DRIVE			33 STREET ADDRESS	1123 Overcash Drive		
CITY-ST-ZIP	DUNEDIN FL 34698			34 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				42 NAME	HOFMEISTER, ELIZABETH		
STREET ADDRESS				43 STREET ADDRESS	1123 Overcash Drive		
CITY-ST-ZIP				44 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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: _____ DATE: 5/6/99 727 733 7585
Signature and typed or printed name of signing officer or director Daytime Phone #

0077423

CR2E037 (11/98)