

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 01, 2000 8:00 am
Secretary of State

02-16-2000 90003 009 ****61.25

DOCUMENT # N96000004188

1. Entity Name

SIGNATURE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~1123 OVERCASH DRIVE
 DUNEDIN FL 34698~~

~~1123 OVERCASH DRIVE
 DUNEDIN FL 34698-5532~~

2. Principal Place of Business

3. Mailing Address

~~10 Todd H. Holder~~

~~10 Todd H. Holder~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~3112 Bishop Drive~~

~~3112 Bishop Drive~~

City & State

City & State

~~Safety Harbor, Florida~~

~~Safety Harbor, Florida~~

Zip

Country

Zip

Country

~~34695~~

~~34695~~



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3416741

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COIA, DEBBIE
 1123 OVERCASH DRIVE
 DUNEDIN FL 34698~~

Name ~~Todd H. Holder~~

Street Address (P.O. Box Number is Not Acceptable)

~~3112 Bishop Drive~~

City ~~Safety Harbor, FL~~

Zip Code ~~34695~~

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.

SIGNATURE

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COIA, DEBBIE 2537 FRISCO DRIVE CLEARWATER FL 34761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COIA, DAVID 1123 OVERCASH DRIVE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIETTO, DAN 1123 OVERCASH DRIVE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOFMEISTER, ELIZABETH 1123 OVERCASH DRIVE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LISA GUNN (D) 1739 Hermit Thrush Circle Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Todd H. Holder (D) 3112 Bishop Drive Safety Harbor, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary RITA SCHMIDT (D) 308 Signature Terrace Safety Harbor, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Todd H. Holder, Treasurer 1/31/2000 727/898-0508
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)