

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Apr 04, 2001 8:00 am
Secretary of State**

0081404

DOCUMENT # N96000004188

1. Entity Name

SIGNATURE ESTATES HOMEOWNERS ASSOCIATION, INC.

04-04-2001 90499 027 ****61.25

Principal Place of Business

Mailing Address

C/O TODD H HOLDER
3112 BISHOP DRIVE
SAFETY HARBOR FL 34695

C/O TODD H HOLDER
3112 BISHOP DRIVE
SAFETY HARBOR FL 34695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O TODD H. HOLDER

3. Mailing Address

C/O TODD H. HOLDER

Suite, Apt. #, etc.

311 Signature Terrace

Suite, Apt. #, etc.

311 Signature Terrace

City & State

Safety Harbor, Florida

City & State

Safety Harbor, Florida

4. FEI Number

59-3416741

Applied For

Not Applicable

Zip

34695

Country

U.S.A.

Zip

34695

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

**HOLDER, TODD H
3112 BISHOP DRIVE
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name **HOLDER, TODD H.**

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

311 Signature Terrace

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

4/1/01

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMAN, LISA 1739 HERMIT THRUSH CIRCLE PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLDER, TODD H 3112 BISHOP DRIVE SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHMILT, RITA 308 SIGNATURE TERR SAFETY HARBOR FL 34695	<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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Victoria Giorgione 1052 FAWN COURT Oldsmar, FL 34677	<input checked="" 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	SD Jane Schomacher 2223 Muirfield Way Oldsmar, FL 34677	<input checked="" 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
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

813/223-5011

Date

Daytime Phone #

CR2E037 (10/00)