

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90016 008 \*\*\*\*61.25

**DOCUMENT # N96000004188**

1. Entity Name  
**SIGNATURE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**C/O TODD H HOLDER  
 311 SIGNATURE TERRACE  
 SAFETY HARBOR, FL 34695**

Mailing Address  
**C/O TODD H HOLDER  
 311 SIGNATURE TERRACE  
 SAFETY HARBOR, FL 34695**

**54065193**



2. Principal Place of Business  
*C/O Goldstar Management Co*  
 Suite, Apt. #, etc.  
*2435 US Hwy 19 Sk 270*

3. Mailing Address  
*C/O Goldstar Management Co*  
 Suite, Apt. #, etc.  
*2435 US Hwy 19 Sk 270*

07182004 Chg-NP CR2E037 (10/03)

City & State  
*Holiday FL*

City & State  
*Holiday FL*

Zip  
*34691*

Country

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**

**HOLDER, TODD H  
 311 SIGNATURE TERRACE  
 SAFETY HARBOR, FL 34695**

**7. Name and Address of New Registered Agent**

Name  
*Jeffrey Ulm*

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

*2435 US Hwy 19 Sk 270*

City  
*Holiday* **FL** Zip Code  
*34691*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeffrey Ulm* *Jeffrey Ulm* *7/19/04*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLDER, TODD H 3112 BISHOP DRIVE SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIARELLI, MEREDITH 305 SIGNATURE TERRACE SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUMACHER, JANE 301 SIGNATURE TERRACE SAFETY HARBOR, FL 34695	<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
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	TD <i>Richard Chiarelli</i> <i>305 Signature Terr</i> <i>Safety Harbor, FL 34695</i>	<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
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: *Meredith Chiarelli* *7-17-04*

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Meredith Chiarelli President*