## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N96000004188

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Entity Name: SIGNATURE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O GOLDSTAR MANAGEMENT CO
2435 US HWY 19 STE 270
HOLIDAY, FL 34691
303 SIGNATURE TERRACE
SAFETY HARBOR, FL 34695

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Current Mailing Address: New Mailing Address:

C/O GOLDSTAR MANAGEMENT CO
2435 US HWY 19 STE 270
HOLIDAY, FL 34691

303 SIGNATURE TERRACE
SAFETY HARBOR, FL 34695

FEI Number: 59-3416741 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ULM, JEFFREY
2435 US HWY 19 STE 270
HOLIDAY, FL 34691 US
SHERMAN, JEFFREY
3874 TAMPA ROAD
OLDSMAR, FL 34677 US

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: JEFFREY SHERMAN 04/26/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: CHIORELLI, RICHARD Name: CAROLLO, SANTO

Address: 305 SIGNATURE TERRACE Address: 303 SIGNATURE TERRACE
City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHUMACHER, WILLIAM
 Name:

 Address:
 301 SIGNATURE TERRACE
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GIORYIONE, DAVID
 Name:

 Address:
 307 SIGNATURE TERR
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:

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: SANTO CAROLLO P 04/26/2007