


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90029 010 \*\*\*\*61.25

**DOCUMENT # N96000004188**

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



Principal Place of Business  
**303 SIGNATURE TERRACE  
 SAFETY HARBOR, FL 34695**

Mailing Address  
**303 SIGNATURE TERRACE  
 SAFETY HARBOR, FL 34695**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.


City & State  
 Zip Country

4. FEI Number  
**59-3416741**

Applied For  
 Not Applicable

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

03262008 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

**SHERMAN, JEFFREY  
 3874 TAMPA ROAD  
 OLDSMAR, FL 34677**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	P	<input type="checkbox"/> Delete
NAME	CAROLLO, SANTO	
STREET ADDRESS	303 SIGNATURE TERRACE	
CITY - ST - ZIP	SAFETY HARBOR, FL 34695	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHUMACHER, WILLIAM	
STREET ADDRESS	301 SIGNATURE TERRACE	
CITY - ST - ZIP	SAFETY HARBOR, FL 34695	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIORYIONE, DAVID	
STREET ADDRESS	307 SIGNATURE TERR	
CITY - ST - ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent Addonisi	
STREET ADDRESS	312 Signature Terrace	
CITY - ST - ZIP	Safety Harbor, FL 34695	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORGIONE, DAVID	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **PRESIDENT** **3/26/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #