2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90037 044 ***150.00

DOCUMENT # P92000003483

1. Entity Name

SIGNAL INN BEACH & RACQUETBALL, INC.

Principal Place of Business	Mailing Address
1811 OLDE MIDDLE GULF DRIVE SANIBEL FL 33957	1811 OLDE MIDDLE GULF DRIVE SANIBEL FL 33957

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0371479 ☐ 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
REED, JEAN 1340 MIDDLE GULF DRIVE SANIBEL FL 33957	Name Herbert Rubin Street Address (P.O. Box Number is Not Acceptable) 713 RABBIT ROAD City SANIBEL **FL** Zip Code 33957

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 Herbert Rubin 2/2/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTINI, ANGELO A SR 28 N COLLINWOOD DR PITTSBURGH PA 15215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HICKS, RONALD B 16 FORMAN AVE JAMESBURG NJ	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition TREASURER HERBERT RUBIN 713 RABBIT ROAD SANIBEL, FL 33957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARO, THOMAS P O BOX 852 ROCK HILL NY 12775	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PRESIDENT THOMAS ARO P.O. BOX 852 ROCK HILL NY 12775
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KANE, CAROL A 7 PINEFIELD LANE WESTON CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition SECRETARY CAROL A KANE 7 PINEFIELD LANE WESTON CT 06883
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTMANN, GENE 5809 MEROLD AVE EDINA MN 55436	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition DIRECTOR AUDREY HABERMAN P.O. BOX 607 Bristol, NH 03222
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 607, 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: Herbert Rubin 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #