### **2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004188

Entity Name: SIGNATURE ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 15, 2019
Secretary of State
2586427337CC

### **Current Principal Place of Business:**

300 SIGNATURE TERRACE SAFETY HARBOR, FL 34695

# **Current Mailing Address:**

**PO BOX 237** 

SAFETY HARBOR, FL 34695 US

FEI Number: 59-3416741 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ECKARD, CHARLEEN CHARLEEN ECKARD 3110 PALM HARBOR BLVD PALM HARBOR, FL 34683 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: CHARLEEN ECKARD 04/15/2019

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title PRESIDENT Title VP

Name COIA, DAVID Name GIORGIONE, DAVID

Address SIGNATURE TERRACE Address 307 SIGNATURE TERRACE

City-State-Zip: SAFETY HARBOR FL 34695 City-State-Zip: SAFETY HARBOR FL 34695

Title TREASURER

Name ECKARD, CHARLEEN

Address 303 SIGNATURE TERRACE
City-State-Zip: SAFETY HARBOR FL 34695

I hereby 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 all other like empowered.

SIGNATURE: CHARLEEN ECKARD

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

04/15/2019

Date