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Secretary of State
02-03-2005 90048 003 ****61.25

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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 710113

1. Entity Name
SIGNAL COVE OWNERS, INC.

66005616

Principal Place of Business	Mailing Address
13139 TILLER DRIVE HUDSON, FL 34667	13139 TILLER DRIVE HUDSON, FL 34667

01032005 Chg-NP CR2E037 (10/03)

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 59-1284973 ☐ 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
BUTLER, MICHAEL 13102 BEACON CT HUDSON, FL 34667 (LAST NAME BUTLER)	Name: Butler, Michael P Street Address (P.O. Box Number is Not Acceptable): 13102 Beacon Court City: Hudson FL Zip Code: 34667

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: CAROL ERGLE — Carol Ergle — DATE: 2-1-05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TURNER, KATHLEEN 13113 COXSWRIN CT HUDSON, FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ERGLE, CAROL 13115 COXSWAIN CT HUDSON, FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUTLER, MICHAEL 13102 BEACON CT HUDSON, FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPMAN, ERNEST 13116 CABIN CT HUDSON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Georgianna Damsel 6616 Saltwater Blvd Hudson, FL 34667	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLCOMBE, JAMES 13105 CABIN CT HUDSON, FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Joseph Murray 13122 Cabin Court Hudson, FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT FAVORS, KATHLEEN 13023 STARBOARD CT HUDSON, FL 34667	☐ 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 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: Carol A. Ergle — 2/1/05 — 727-863-9678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #