2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 8:00 am Secretary of State 01-09-2006 90032 046 ****61.25

DOCUMENT #710113 1. Entity Name SIGNAL COVE OWNERS, INC.)	01-09-2006)46 ****6	1.25
13139 TILLER DRIVE 13139 TILLER		Mailing Address 13139 TILLER DRIVE HUDSON, FL 34667	LER DRIVE		4	690020	3		
2. Principal Place of Business		3. Mailing Address					HE BERNE BIRLIRI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-NP	CR2E0	37 (11/05)	
City & State		City & State			4. FEI Number 59-1284	973		<u> </u>	optied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent				adress of New I	Registered	Agent	
BUTLER, CAROL				Name ERG	LE, CA	ROL			
13102 BEACON CT HUDSON, FL 34667				Name ERGLE, CAROL Street Address (P.O. Box Number is Not Acceptable) 13115 COXSWAIN COURT					
			L						
				City Huz	City HUDSON FL Zip Code 34667				
8. The above	named entity submits this statement for	or the purpose of changing its r	registered	d affice or regist	ered agent, or both,	in the State of F	lorida. I am	familiar with,	and accept
ine obligat	ions of registered agent.								
SIGNATURE Le aude Cong Le Signature, typed or printed name of registered agent and little & applicable. (NOTE: Registered Agent signature required when reinstating) DATE							•		
	Signature, typed or printed harrie or registered agent	i and the Fappicable. (NO/E:	: Registered	Agent signature requir	ed when reinstating)		DATE		
		<u> </u>				1			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Fir	nancing _	\$5.00 May Be Added to Fees	 	Make checi	k payable to	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Fir	nancing	\$5.00 May Be	Flo	Make checi rida Depar	k payable to	o ate
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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: Keaso Cingle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06