

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90086 025 \*\*\*\*61.25

**DOCUMENT # 710113**

1. Entity Name  
**SIGNAL COVE OWNERS, INC.**



Principal Place of Business  
**13139 TILLER DRIVE  
HUDSON, FL 34667**

Mailing Address  
**13139 TILLER DRIVE  
HUDSON, FL 34667**

**40009702**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007

Chg-NP

CR2E037 (12/06)

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

**BUTLER, CAROL  
13115 COXSWAIN COURT  
HUDSON, FL 34667**

## 7. Name and Address of New Registered Agent

Name **ERGLE, CAROL**

Street Address (P.O. Box Number is Not Acceptable)

**13115 COXSWAIN 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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-20-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **S** ☒ Delete  
NAME **DAMSEL, GEORGIANNA**  
STREET ADDRESS **6616 SALTWATER BLVD**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **T** ☐ Delete  
NAME **ERGLE, CAROL**  
STREET ADDRESS **13115 COXSWAIN CT**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **P** ☒ Delete  
NAME **SHEPHERD, STANLEY**  
STREET ADDRESS **13130 BHOY COURT**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **AVP** ☐ Delete  
NAME **KELLEY, JIM**  
STREET ADDRESS **6326 TOWER DRIVE**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **V** ☒ Delete  
NAME **MURRAY, JOSEPH**  
STREET ADDRESS **13122 CABIN COURT**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **AT** ☒ Delete  
NAME **BUTLER, MICHAEL**  
STREET ADDRESS **13102 BEACON COURT**  
CITY-ST-ZIP **HUDSON, FL 34667**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Change ☒ Addition  
NAME **HILLER, CARRIE**  
STREET ADDRESS **13013 BUOY COURT**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition  
NAME **BACKES, DOUGLAS**  
STREET ADDRESS **13122 BUOY COURT**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☒ Change ☒ Addition  
NAME **ERGLE, DAVID**  
STREET ADDRESS **13115 COXSWAIN COURT**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **AT** ☒ Change ☐ Addition  
NAME **BACKES, PEGGY**  
STREET ADDRESS **13122 BUOY COURT**  
CITY-ST-ZIP **HUDSON, FL 34667**

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:

*Carol Ergle, CAROL ERGLE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-20-07**