


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 710113 1. Entity Name SIGNAL COVE OWNERS, INC.	
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Principal Place of Business 13139 TILLER DRIVE HUDSON, FL 34667	Mailing Address 13139 TILLER DRIVE HUDSON, FL 34667
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1284973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ERGLE, CAROL 13115 COXSWAIN COURT HUDSON, FL 34667

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILLER, CARRIE 13013 BUOY CT HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERGLE, CAROL 13115 COXSWAIN CT HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACKES, DOUGLAS 13122 BUOY CT HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP KELLEY, JIM 6326 TOWER DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ERGLE, DAVID 13115 COXSWAIN CT HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BACKES, PEGGY 13122 BUOY CT HUDSON, FL 34667

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UD00000802440
02/01/08-80059-014 61.25

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 D. Ergle* *Carol D. Ergle* *1/24/08* *7278639678*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #