


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # N02000001410 Entity Name SIGNATURE BEACH HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 362 N. BEAL PARKWAY FT. WALTON BEACH, FL 32548	Mailing Address C/O NDC, LLC 362 N. BEAL PARKWAY FT. WALTON, FL 32548
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04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 03-0441884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  MATTHEWS, DANA C 607 HIGHWAY 98 EAST DESTIN, FL 32541
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DO NOT WRITE  
IN THIS SPACE

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 re-registering) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NABORS, JAMES E II 362 N. BEAL PARKWAY FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, JOSEPH P 4242 KATS COURT DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVEZ, DENNIS J 346 SUDDUTH CIRCLE FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000350553  
05/02/05-80110-007 61.25

DO NOT WRITE  
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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:  James E. Nabors 4/27/05 850/651-2666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #